

THE OHIO STATE UNIVERSITY
OFFICIAL PROCEEDINGS OF THE
ONE THOUSAND THREE HUNDRED AND NINETY-EIGHTH MEETING
OF THE BOARD OF TRUSTEES

Columbus, Ohio, November 7, 2003

The Board of Trustees met at its regular monthly meeting on Friday, November 7, 2003, at The Ohio State University Fisher College of Business, Columbus, Ohio, pursuant to adjournment.

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Minutes of the last meeting were approved.

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November 7, 2003 meeting, Board of Trustees

The Chairman, Mr. Sofia, called the meeting of the Board of Trustees to order on November 7, 2003, at 10:25 a.m. He requested the Secretary to call the roll.

Present: Zuheir Sofia, Chairman, Tami Longaberger, Daniel M. Slane, Karen L. Hendricks, Dimon R. McFerson, Jo Ann Davidson, Douglas G. Borrer, Walden W. O'Dell, Paula A. Habib, and Emily Quick.

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EXECUTIVE SESSION

Mr. Sofia:

At this time, I would like to entertain a motion to recess into Executive Session to consider a personnel matter.

Upon motion of Mr. Slane, seconded by Ms. Longaberger, the Board of Trustees adopted the foregoing motion with seven affirmative votes, cast by Messrs. Sofia, Slane, McFerson, Borrer, and Mses. Longaberger, Hendricks, and Davidson, and one abstention cast by Mr. O'Dell.

Mr. Sofia:

The meeting of the Board of Trustees will now reconvene.

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Present: Zuheir Sofia, Chairman, Tami Longaberger, Daniel M. Slane, Robert M. Duncan, Karen L. Hendricks, Dimon R. McFerson, Jo Ann Davidson, Douglas G. Borrer, Walden W. O'Dell, Paula A. Habib, and Emily Quick.

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CHAIRMAN'S REPORT

Mr. Sofia:

As I am sure all of you are aware, the media have been closely examining fiscal matters at colleges and universities across the country, with particular attention going to the rate at which tuition has been increasing and the nature of financial aid. I know that we shall hear about some of these matters later this morning as we get a report detailing our Autumn Quarter enrollments. I would like to comment briefly on financial matters as they relate to The Ohio State University.

The Board of Trustees takes its fiduciary responsibility in this arena very seriously indeed. The Fiscal Affairs Committee of the Board works closely with President Holbrook and Senior Vice President for Business and Finance Bill Shkurti to plan and monitor the University's budget. We are constantly seeking ways to reduce expenses, improve productivity, and enhance revenue. In this context, decisions about tuition, which will be facing us again later this year, are weighed carefully, and we are particularly mindful about providing financial assistance to those most in need of aid. As I have stated before, we must continue to engage state leadership, including the governor's office and legislators, in the critical importance of higher education. We must continue to mobilize our constituents to ensure a stable level of state funding.

We have dedicated or broken ground on many new building projects in the past months, but I want to assure everyone that our Fiscal Affairs Committee is working in concert with the administration to streamline processes and is making

CHAIRMAN'S REPORT (contd)

Mr. Sofia: (contd)

every effort to bring projects in on time and on budget. We also have worked diligently on the capital projects process to ensure that the right projects are receiving the proper priority as we go forward. In all of this planning, we are mindful of the need to keep our debt capacity in check in order to maintain the University's high credit rating.

The Board of Trustees, and especially the Investments Committee of the Board, works closely with the University treasurer, Mr. Jim Nichols, to monitor the University's endowment. As I am sure some of you are aware, we are giving careful consideration to the matter of the proper payout level from the endowment of the University. The Board of Trustees, President Holbrook, Foundation Board members, deans, Senior Vice President for Business and Finance Bill Shkurti, and other University staff continue to review and consider carefully the best way to preserve the principal of the endowment while providing income to the colleges and units across this campus. It is expected that a final recommendation will be presented to the Board of Trustees in December.

In the past, I have made it clear on several occasions that the students are at the center of what we do. After all they are our primary customers. We are committed to providing our students with the very best educational opportunities, but we also promised to provide a safe, healthy and fun environment. On October 17 we delivered on that promise with the groundbreaking of the Gateway development project. We are confident that this project will have a great impact not just on Ohio State University, but also on the entire University community. Thank you.

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PRESIDENT'S REPORT

President Karen A. Holbrook: [Overhead Presentation]

I am going to talk about the outcome of a meeting that Provost Snyder and I attended that I thought was very important and something that was worthwhile to talk to all of you about.

As you know, we have an Academic Plan and it sets the strategies and goals that guide us where we are going in the University. One of those strategies that we talk about a great deal is the one that is to create a diverse University community. That is a goal that we have developed in the Diversity Action Plan. Many offices, many student activities, many specific organizations and centers, and all of our academic and administrative units work to assure that this University is indeed a place where race, gender, national origins, sexual preference, culture, religion, and life experiences of all people are respected, valued, welcomed, and supported.

The Council on Diversity was established three years ago to facilitate the implementation of the Diversity Plan and its charge includes the oversight of the annual plans of each academic and administrative unit that are submitted to the Council for review and recommendation. The Council assesses the progress made on the goals and then recommends improvements and enhancements.

The Council has just released its Diversity Plan Analysis for 2002-2003 and it is a very instructive and encouraging report. In it the Council has proposed a series of very important questions and I put them on the overhead to review. The Council asks:

PRESIDENT'S REPORT (contd)

President Holbrook: (contd)

- Has each unit developed a philosophy for diversity around which goals and actions are centered? In other words, have they focused on it and have they thought about it deeply, and how do they own this value?
- How do they move this value from an additive feature in the college to one that is truly transforming of all of our University missions?
- What features allow a unit to benchmark? In other words, can we actually do quantitative or qualitative measures, or how do we benchmark for our success in diversity in the same way that we do for programs and salaries?
- How can the units be held accountable for the actions and how broad are our responsibilities?
- And finally, what are some of the successes on the campus and how do we share them?

These are really the questions that I thought we would focus on today. When Barbara and I met with the Council we were very excited about the number and the range of activities that are ongoing to promote diversity. This is a very thick document and very worthwhile looking at if you have a chance. And what they have also done is put together an executive summary that focuses on what they have described as the "notable initiatives." These are so broad and extensive that I am not putting them up here to read them to you, but what I wanted you to see is what our campus overall has been thinking about as we are implementing the Diversity Action Plan. I would commend you to reading it, but let me just tell you the general categories:

- Recruitment, hiring, and retention is serious and a very large area.
- Curriculum. A wonderful book has been put together by the Multicultural Center, which talks about the minors and all of the courses that address cultural diversity. Again, another very important document to look at.
- Many things are done for undergraduate students, along with many outreach programs.

There are four of these and the point is not to go through them, but to show you that people are thinking about many things:

- What are we doing with all students with our multicultural activities?
- How are we providing professional support and development?
- What kind of awards are given for those units that are successful?
- How are we collaborating?
- How are we using language? The words we use say a lot about how we personally feel about the topic and what kinds of incentives do we put in place through various grants and administrative support.
- What organizations are put in place and who is hired to help us to do this?
- What kind of true research is going on to talk about or to look into issues of diversity?
- What kind of environment, what special programs, and what business practices do we have?
- How do we enhance communication on the topic?
- How are we using diversity in our performance reviews?

This is just a very brief summary of all of the very good ideas that were put in place.

PRESIDENT'S REPORT (contd)

President Holbrook: (contd)

I want to highlight one and then talk about where we go with all of this, in spite of the fact or because of what we have. One particularly notable program that I thought was worth pointing out -- because I think it is different, quite unique, and very interesting for this campus -- is a Diversity Leadership Transcript Program. I do not know how many institutions have this, but I am very proud that we offer this program. It is a voluntary program for any undergraduate student who wants to do a concentration on diversity, on leadership, and on ethics by acquiring knowledge, skills, and values for effective leadership on campus, in society, and the global workplace.

Students take courses, they work in organizations and in the community. All of these activities are itemized on an official University transcript which is sent along with the academic transcript of the student as they go out to look for professional schools or jobs. I think this is a terrific credential and it is one that, in my view, puts our students at a competitive advantage.

Where are we? We have done this for three years and there is a lot to celebrate. It is very clear that we have a broad commitment to diversity and this is a very tangible goal and activity. The real issue we have to face is not just how much are we doing, or how innovative are our programs, but how successful are they in advancing our institution. We are doing good things; are we doing the right things? Are we making a difference both structurally and functionally? I will talk about the difference between structural and functional diversity very shortly.

We have three years of data that have been reported largely through a template for reporting. And while Barbara and I listened to all of this at the Council meeting, we also began to reflect on what are the next steps that we need to take besides just collecting data and putting out this compendium of information. What are we going to do with it? How are we going to rigorously assess it? How are we going to analyze what we are doing? Our sense was that now with this kind of data accumulated we probably need to get somebody to come in with fresh eyes to look at it and really give us some good assessment and advice of where we are going. The Council is now exploring this option.

We also need to separate the issues of structural and functional diversity, and I want to take a couple of minutes to talk about that. Structural diversity is what we are doing. It is reporting numbers of people, numbers of programs, numbers of staff recruited and retained, and other quantifiable measures. The functional diversity is really what is of concern. That targets the real issues of how supportive we are of women, minorities, GLBT individuals, and others whom one would not consider in the traditional mainstream. How do we get to know and understand each other? How we get to know and understand each other makes the world much smaller and changes all of our perspectives for life.

Functional diversity is much more difficult to measure. But in a way we do have a sense of what our progress is in functional diversity, not only from the reports of the Diversity Action Plan updates, but also from our faculty and staff work life studies, from the faculty cohort in the Women's Place, from our professional development efforts, and our other attitudinal surveys.

The most common denominator that comes out of all of these is the environment for people to work in. How do we work to develop an environment that is pervasively supportive of diversity? How do we ensure that such an environment does exist? What outcomes can we measure that will show improvement? We then return to ask, "How much of a core commitment is diversity to this campus?" "Where does it rank among our other priorities or is it a priority that should be in-

PRESIDENT'S REPORT (contd)

President Holbrook: (contd)

cluded as a priority of every single other priority we have?" "How committed are we to the benefits of living, learning, and working in a diverse environment?" "What is each one of us willing to do to assure that there are both institutional and personal commitments to diversity?"

We need to understand how diversity enhances our pedagogy, our athletics, our donor relations, our outreach activities, and our research success. I think we need to strike a balance between appropriate and excess support for those who are considered among diverse populations, and we need to be mindful that minority individuals can be exploited to serve the University at a time when they are working very hard to get their own careers established in a professional way.

Words are fine; we are going to keep talking about it, but action by example is what really counts. All of us must continue to ask these questions. They are hard questions, not because they are hard to do but because they are hard to get a sense of how we are going to really change the environment. We must be committed to working on this, not just the Diversity Council, not just the people who are charged with doing this on a regular basis, but, I think, for all of us. We need to find, we need to develop, we need to borrow, we need to adopt other good ideas to assure that this University is opening, welcoming, and it values and respects each individual who is part of our University family.

Led by Carole Anderson and chaired by Valerie Lee, and the many people who serve on it, the Diversity Council has done a wonderful job, but it really is our responsibility. I think we are going to look at the data where we are now and really work toward taking those data and seeing what we can do to make this a very supportive environment. It serves all of us very well.

Thank you very much.

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STUDENT RECOGNITION AWARD

Ms. Quick:

The Student Recognition Award is presented each month by the Board of Trustees to a student in honor of that student's achievement in his or her area of study, service to the University and/or community, and/or research achievements that have been a credit to the college and the University.

This month's recipient is J. Briggs Cormier, who was nominated by Dean Karen Bell in the College of the Arts, Department of Theatre. J. Briggs Cormier came to The Ohio State University after receiving a bachelor's degree in international studies from Rhodes College and attaining a master's degree in theatre from the University of Memphis. Currently, he is a doctoral candidate in the theatre, Learning to Listen: The Collaboration and Art of the SITI Company.

While an OSU student, Briggs has had many diverse experiences. He has been an instructor and graduate teaching associate for nine courses, including both general education courses and classes in the major, and has worked in various capacities toward the production of 14 theatrical and dance performances.

Briggs has been a keynote speaker at the FTAD New Graduate Teaching Assistant Workshop, and a panelist for the Can We Talk? – Confronting Our Differences Together Symposium. He is in his fifth year serving on the Council of

STUDENT RECOGNITION AWARD (contd)

Ms. Quick: (contd)

Graduate Students, where he spent two consecutive years as treasurer, followed by two terms as president.

Today, Briggs is accompanied by Karen Bell, dean of the College of the Arts, and Dr. Lesley Ferris, chair of the Department of Theatre, as well as Brigg's advisor.

Briggs has accomplished so many things since he has begun at Ohio State, many beyond those I have mentioned. I am very proud to be able to present to the Board of Trustees a student as dedicated to the University as Briggs. The Board appreciates the ability to meet students, especially those who show exactly how bright and committed OSU students are. Briggs truly exemplifies what it means to be a Buckeye. Congratulations on receiving this award.

Mr. J. Briggs Cormier:

Thank you, Mr. Chairman and the Board. In the four years that I have served on CGS, no student government president has ever received the Student Recognition Award. So this is a first, at least historically, while I have been here.

You already know many of the things that I have cared passionately about. Karen Holbrook spoke earlier this morning about diversity and Susan Huntington just spoke about graduate education and the G-QUE report, so I am not going to go into any of that. I would like to commend Dr. Holbrook for mentioning the Diversity Leadership Transcript Program, which I have been involved in since the beginning. We are actually doing a pilot right now for graduate and professional students to participate in the program who wish to bolster their transcript.

I would like to tell you a little bit about why the College of the Arts has been a really great thing for me. I actually chose to come to Ohio State because of my advisor, Lesley Ferris. I studied with her at the University of Memphis and when she moved here, I graduated and I moved here, too. It is cold in Columbus, but I have suffered through it.

The Wexner Center for the Arts is one of the best things we have at Ohio State and in the City of Columbus. Without the Wexner Center, I would not be able to do my research. The company that I am writing about comes to the Wexner Center almost every year. They will, in fact, be here this spring opening a new show. Their company's name is the SITI Company. It used to stand for the Saratoga International Theatre Institute, but they just want to be an acronym now. They are a really exciting company that creates new work based on movement vocabularies that come out of modern dance. This is part of what I find exciting about Ohio State. I have been able to study dance and theatre, build up a movement training system, and do this lovely cross-disciplinary work. Not everybody has such an opportunity.

I have also been able to take this movement work and work with ACCAD, which is our Advanced Computing Center for Art and Design. If you go to their web page -- and if I take a moment later on today, I will actually zip the web address to Maureen -- we have what is called the "virtual theatre." You can actually sit down at your computer and pull up a mock version of our Bowen Theatre, pick a setting, adjust the lights, take an actor, and move the actor around -- and when you move the actor around, you are using me. I spent four hours in the motion capture lab in a suit doing all these different things so that we could have this virtual theatre.

STUDENT RECOGNITION AWARD (contd)

Mr. Cormier: (contd)

These are things that you cannot find in very many places in this country. It is cutting-edge, groundbreaking research and I would not have been able to do it if I had not been here. I have to thank my advisor, Lesley Ferris, and my dean, Karen Bell, because they support cross-disciplinary research and cross-disciplinary activity. It has been a true joy collaborating with dancers on some of their productions.

It is my hope that as the new Arts and Sciences Federation gets going that there will be even more opportunities like this for students, not just in the arts but in the arts and the humanities and the arts and the sciences, because this is where we need to go. So, Mike, make it happen.

Finally, we just opened a wonderful show this Wednesday called, The Rimers of Eldritch by Lanford Wilson. We received a rave review in *The Dispatch*, which is a very, very rare thing if any of you pay attention. Mike Grossberg likes very little things, particularly things we do. So, if you have a chance, go see it.

I thank you, again, very much for this honor to talk to you today a little bit about what I do that is not the stuff you normally see me at Board meetings for. Thank you.

Mr. Sofia:

Congratulations, again, Briggs, and good luck.

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**PRESENTATION ON ADMISSIONS, STUDENT PROFILE, GRADUATION RATES,
RETENTION FOR UNDERGRADUATES AND GRADUATE STUDENTS**

Dr. Mabel G. Freeman: [PowerPoint Presentation]

Good morning. Martha Garland is not able to be here this morning because she is at the Major Honors Day at the Ohio Union, where both Dr. Holbrook and I had been earlier this morning, talking to prospective honors students and their parents.

As we talk about undergraduate admissions we talk about that as a University-wide effort. The first thing I would note is that truly the class of 2003, just like any other undergraduate class, gets here because of faculty and staff from the Office of Student Affairs, the Office of Minority Affairs, and the University Honors and Scholars Center. It takes a University-wide effort.

It also takes wonderful staff in the Office of Undergraduate Admissions and First Year Experience, and I have with me two colleagues from our office who will be helping on our part of the program. To my left is Allen Kraus, senior assistant director for Marketing and Communications, and to my right is Jefferson Blackburn-Smith, senior associate director for Strategic Planning. Jefferson has gone the extra mile in that he has provided his daughter, Rosemary, to the freshman class of 2003. Rosemary is one of our National Merit Scholars, so we appreciate his extra effort.

The Board members have been given a packet of material, but we also have a PowerPoint presentation and we will begin with Jefferson.

**PRESENTATION ON ADMISSIONS, STUDENT PROFILE, GRADUATION RATES,
RETENTION FOR UNDERGRADUATES AND GRADUATE STUDENTS (contd)**

Mr. Jefferson Blackburn-Smith:

Thank you. Good morning. The first slide that you are going to see shows a little of the workload involved in actually recruiting the class of 2003. You will notice that we start with over 100,000 prospective students. These are students that we have identified as having the academic qualities that we are looking for in our student body. We contact these students and begin communication with them about the opportunities that exist for them at Ohio State University.

We actually begin communicating with students during their sophomore year in high school and, again, during their junior year. Our last group of students are being identified this month based on the standardized tests that they are taking.

Each year over 80,000 students inquire about enrolling at the University to make up our freshman class of just under 6,000 students. You will notice that we get right around 20,000 applications every year. About a quarter of all the students that inquire actually follow through and apply, and we admit almost 72 percent of the students that apply for admission.

One of the things that I would like to point out is we look at the number of students who paid their acceptance fee. We had a significant increase this year in the number of students that chose to pay an acceptance fee and enroll. We actually admitted only a few more than the year before and yet got several hundred more students to enroll. The bulk of that increase is made up of the highest level students -- almost all in honors level students -- which was a significant development. All of that works to get to our total enrollment of 6,258 students.

One of the exciting things about this year's class that you will note is 63 percent of our new freshman came in already with college credit through AP courses, IB courses, and post-secondary options within Ohio. As we look at what is going on in Ohio and the Ohio high schools this year, you will notice 120,000 students graduated within the State of Ohio. Only about 60 percent of those students, or a little bit more than 60 percent, actually take an ACT test or an SAT test and are considered college-bound students.

Ohio's average ACT is slightly higher than the national average -- it is 21.4. We really dominate the marketplace in Ohio. Over 60 percent of the students in Ohio who score a 24 or higher inquire about enrolling at Ohio State University. Of those students that inquire, over 60 percent of them apply. So we really have done a fabulous job of getting the message out to high ability students in the State of Ohio about the opportunities that exist for them at Ohio State University.

We also do an awful lot of evaluation of what are the factors involved in the decision-making process. Each year we do telephone surveys with almost all of our admitted students and compile the results to find out why they come, why they do not come, and where else they are looking. Our study this year has over 4,000 students whom we admitted to the University, but who chose to go to another institution. And we look at the top three reasons broken out by academic ability, again as qualified on the ACT score. The >29 students are going to be honors level students, 26-28 are the students that would be eligible to participate in our scholars programs, and then the 24-25 are core students.

You will notice the number one reason students chose another school was scholarship or financial aid. The second reason is major programs or specialized study programs at the school that they are selecting. Normally that is the number one reason that students choose another school.

**PRESENTATION ON ADMISSIONS, STUDENT PROFILE, GRADUATION RATES,
RETENTION FOR UNDERGRADUATES AND GRADUATE STUDENTS (contd)**

Mr. Blackburn-Smith: (contd)

Some of you may be surprised – why are the lower-ability kids selecting “major” as the highest reason for choosing a school? Part of that is not about the quality of the program, but whether or not the student thinks they are going to be able to get into the program at Ohio State University. So we frequently see students with lower ability picking a school where they feel they are going to be able to get into the program of study that they like.

We also then look at who are our top competitors within the State of Ohio. It should come as no surprise to anyone that Miami, Ohio University, and the University of Cincinnati are consistently at the top of the list. Four of our top 10 competitors are out-of-state institutions.

Again as you look at the breakdown by ability level, the ACT score at the top, Miami University attracts the highest number of honors level students that were also admitted to our University, but even more, those core students who are the scholars-level students. With Ohio University the competition is more in our core students, our good solid students, but not the honors level students. You will note that the out-of-state students are the University of Purdue, the University of Michigan, Penn State, and Indiana.

Dr. Freeman:

As we look at the class that arrived a little over a month and a half ago – beyond the fact that it is one of the largest classes we have had in awhile because of that yield factor Jefferson talked about -- it is the brightest class. We are in the process of preparing a piece of information that we will be sending out to the campus about this class, not only on the data shown but a few other pieces of information.

The average ACT of this class is 25.4; last year we were at 25.2. The SAT combined score is 1176. Particularly interesting to us are the number of students coming out of their high schools in the top 10 percent and the top 25 percent of their class. You can see that we have continued to increase the number of top students in University Scholars and we have more students of color in the freshman class this year than in previous years. We have stayed about the same as far as in-state/out-of-state percentages – a little bit of a drop this year. Part of that is reflective of the economy and we know that.

Particularly exciting is that last year's freshman class came back for their second year at an all-time record rate of 87.7 percent retention. That is just fantastic and is a tribute to the entire University. To give you an idea about the change in that, in 1995 the retention rate was 79 percent. So in eight years that retention figure has gone up and you know what that means as to where it is going.

A couple of other pieces of information about this class is: over 37 percent of the freshman have participated in state music contests while they were in high school; over 22 percent of our freshman won awards for community service in high school; over 58 percent earned varsity letters while in high school; over 14 percent won prizes for scientific study; and over 35 percent held elected office while they were in high school. I am not sure what that means for our political futures, but it could be good. Interestingly, 72 percent of these freshman worked while they were in high school and this freshman class represents all 88 counties of Ohio, 42 states, and 27 countries.

**PRESENTATION ON ADMISSIONS, STUDENT PROFILE, GRADUATION RATES,
RETENTION FOR UNDERGRADUATES AND GRADUATE STUDENTS (contd)**

Dr. Freeman: (contd)

We mentioned that this is a University-wide effort and we are getting feedback from faculty who say they can tell the difference in all of their classes, not just their honors classes. We appreciate that because we value their involvement. As I mentioned, Martha Garland is at Honors Day right now and there are 10 of our top faculty over there teaching classes to the students to give them an idea of what their particular subject areas are about. That is a tremendous help to us as we recruit students.

We know that our own students become our best advocates for bringing in the next class and our current students who are coming back in record numbers are telling students about what is going on, particularly, in their first year. That begins with the traditions and the ceremony of the President's Convocation. This fall, we had the Columbus Symphony on campus and it was a concert just on behalf of first-year students. It was outstanding, even though we had to have the concert inside rather than outside as had been planned. We also had two national authors this fall; a program earlier this week with the John Glenn Institute, featuring Senator Glenn; and a night at the Columbus Art Museum that was a big success during Parent's Weekend.

These are things that our students are talking about to the next group of students who are coming. The greatest success out of all of this has to do not only with the retention, but this year's six-year graduation rate, which has jumped up to 62 percent. We know that that is going to continue to go up when we have first to second year retention of the kind we are experiencing.

Mr. Allen D. Kraus:

As Jefferson mentioned, we start recruiting a class when those students are high school sophomores. So long before the class that we have been describing here enrolled, we had already started to recruit the class of 2004. I want to try and summarize for you some of our recruitment efforts and the things that we do to attract students.

This fall we will have roughly 75 recruitment events; many of those are on campus like the Honors Day that Mabel mentioned earlier. Many are in locations across the state and some are out of state. We get out a lot and attract a lot of people to campus. We will host more than 10,000 visitors over the course of the year and the Student Visitor Center is very busy hosting students and families.

One of the things that distinguishes our recruitment efforts from a lot of the competition that Jefferson was describing earlier is that we have a very extensive telecounseling or telemarketing program. We will complete phone calls with 50,000 students or parents or both over the course of a recruitment cycle. That is really one of the distinguishing traits of our recruitment efforts. It is tremendously surprising for students to hear on the phone from fellow students -- our telecounselors are enrolled students. To have that personal contact is something that really helps us have the results that we do.

We will put a lot of publications and letters in the mail -- more than 180,000 pieces and this is really a fairly conservative estimate. But we do a lot of mailing ranging from the first contact search mailings that Jefferson mentioned earlier, to invitations to the events that I described, along with newsletters and postcards. Many of those things are in the folder that I gave you and I'm going to walk you through some of those shortly.

**PRESENTATION ON ADMISSIONS, STUDENT PROFILE, GRADUATION RATES,
RETENTION FOR UNDERGRADUATES AND GRADUATE STUDENTS (contd)**

Mr. Kraus: (contd)

We will also do a great deal of e-mailing. We will do somewhere in the neighborhood of 500,000 e-mails this year. About two-thirds of the students who are prospective students will give us e-mail addresses and express an interest in being communicated with via e-mail. That is a very highly segmented list where we will e-mail people based on their academic or co-curricular interests.

A couple of other things you should be aware of is we are going to be reviewing applications very closely this year; our process will be more personalized than ever. Most of those 20,000 applications that we described will be read, many of them by Mabel and Jefferson, and by my colleagues in admissions. In all of these processes, recruitment and admission, we work very closely with our colleagues on the regional campuses.

On the right side of your folder you can see some of the recruitment materials that we use in the process of attracting students. We have in the very back a publication that is of an overview. There is also a publication in there specifically about regional campuses and about our honors and scholars programs. Each of you will find a different sample postcard in your folders about the different colleges at Ohio State.

This is a small sample of what we do. We work on these publications in collaboration with colleagues in the Office of University Marketing and Communications. David Hoover and his staff are our team members in producing these and in many of our recruitment communications efforts.

Dr. Freeman:

Thank you for helping us bring in the class. With all that you are doing for Ohio State University, it makes it a lot easier to talk about it to the next class.

Mr. McFerson:

Congratulations on a great class, that is wonderful – the best class ever, as you said. I'm wondering what kinds of comments you heard from prospective students or parents with regard to tuition increases, because we have taken larger than normal increases, as has everyone else, of course, in the past few years?

Dr. Freeman:

We were testing that throughout the year and they are very conscious of that. It is interesting, the population that we are particularly attracting now is used to paying higher amounts at many of the private schools that they are considering. And that has still been a benefit for us. The fact that we are still in the middle in the State of Ohio, as Jefferson noted, our top three in-state competitors are Miami, Ohio University, and Cincinnati. They all have significantly higher tuition than us, so that is a benefit still for us.

The fact that the regional campuses provide a different alternative and scholarship and financial aid is given to the most needy students -- which are often students who are not necessarily looking at the other private schools -- also has helped us. So, in some ways, we hear about it, but the alternatives that they are also considering are giving them bigger price tags than Ohio State.

**PRESENTATION ON ADMISSIONS, STUDENT PROFILE, GRADUATION RATES,
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Mr. McFerson:

Would it be fair to say that we probably did not lose any kids that we really wanted as a result of tuition, because we had the financial aid and scholarship money available?

Dr. Freeman:

Certainly it is possible to think we might have lost a couple, but we really were not having students change their minds because of that.

Mr. McFerson:

Good, thank you.

Ms. Davidson:

Dr. Freeman, I understand now in our application prospective students are asked obviously to give their first choice of which campus they want to be on, so if they are not admitted to the main campus, they have another choice of a regional campus. Can you tell us what is happening or how many people apply that do not make it into the main campus and are now taking the option? Are you tracking those numbers?

Dr. Freeman:

Yes, we are. Last year we put a question on the application to give an alternate choice campus and the alternate choice could have been Columbus if their first choice was a regional. Although since the regionals are open admission that usually is working the other way.

Last year, 800-900 students gave us an alternate choice campus. About half of those students were admitted to the Columbus campus so it became a moot point. Of those that were not, they were immediately commended on coming to The Ohio State University and the regional campus was identified. I think the figures were about half of those then are attending the regional campuses. We had a number of students though who start and they applied first to the regional, and we have a number who did not put an alternate down who now are attending the regional this year.

It is interesting -- in September we had a welcome event for students who were either changing from a regional or transferring to the Columbus campus. I went up to the first young man and introduced myself and he said, "Oh, you are the woman who did not let me in here a year ago." I said, "How have you been doing?" He said, "I went to Columbus State for a year and now I am here and am excited to be here." I said, "Great." I moved on to the next student who said, "Oh, you're the person who said I couldn't come here last year." Instead, this student went to the Mansfield campus. He said, "You know I had a good year last year and now I am here." The point of having these other options is working. My reputation is not doing well, but it is working.

Ms. Quick:

How did the Supreme Court case change your admissions process?

**PRESENTATION ON ADMISSIONS, STUDENT PROFILE, GRADUATION RATES,
RETENTION FOR UNDERGRADUATES AND GRADUATE STUDENTS (contd)**

Dr. Freeman:

You had an opportunity last month to hear from Martha Garland and Stephanie Sanders about how we have changed our admissions process to make sure we are compliant with the Supreme Court. We have appreciated the guidance of Ginny Trethewey and John Reilly, who have been working with us this summer. We have gone to an individualized review process -- a full-folder review. We have had to add additional reviewers to our staff -- two full-time staff members and 10 part-time outside reviewers. We have changed what the court called a mechanical way of identifying race as far as how you value it in the process.

We continue to ask for race on the application. It is a voluntary part of the application and over 95 percent of our students applying to Ohio State volunteer that information. We are allowed to use that information in an admissions decision and we do. It cannot be the compelling reason and that is the Court's point. We have enhanced the application by asking more short answer questions, getting more information about school and community activities, if they are first generation college bound, etc. This gives us more to consider. We are hopeful of bringing in as diverse a class as ever, but it is a whole new way of doing business and so we will see.

We have also increased the recruitment efforts. The Court did not limit what you could do as far as targeted minority recruitment and so we are doing that to try and offset some of this change.

Ms. Hendricks:

Looking at the slide on Ohio State's top competitors, what is the percentage? It is a percentage of –

Mr. Blackburn-Smith:

Of the students that we spoke with – the 4,000 students in the "Will Not Enter Study" – almost eight percent of them told us that their first choice school was Miami University. We do not know that they actually ended up at Miami, we do not know if they were admissible to Miami, but when we spoke with them, that was the other school that they were looking at.

Ms. Hendricks:

I see. And another question is do you know the ACT scores of Miami, Ohio University, and the University of Cincinnati on their entering classes and how they compare to ours?

Dr. Freeman:

We are behind Miami and ahead of OU and Cincinnati, but – this is where I make my point – we have the entire freshman class of Miami at Ohio State University. We have better ones and some that are weaker, but we have that whole profile. As we have in the past, we can say the same thing this year about the Northwestern freshman class. It is a small group, we can match that profile, but we also have more.

Ms. Hendricks:

Interesting.

**PRESENTATION ON ADMISSIONS, STUDENT PROFILE, GRADUATION RATES,
RETENTION FOR UNDERGRADUATES AND GRADUATE STUDENTS (contd)**

Dr. Freeman:

Right.

Mr. Sofia:

Thank you Mabel, we really appreciate it. Susan, would you like to begin your presentation?

Dean Susan L. Huntington: [PowerPoint Presentation]

Thank you for allowing graduate education to be a topic on the agenda today. Graduate education operates quite differently than undergraduate education, which is highly decentralized in graduate education with the specific programs being the ones who actually do the admissions. For my report this morning, I have pulled together some general background information on graduate education.

Ohio State has about 100 doctoral and 125 master's programs. However, as you may know, our professional programs like veterinary medicine, medicine, dentistry, law, and so on are housed not in the Graduate School, but in their respective colleges.

Graduate education takes place primarily on the Columbus campus with very little occurring on the regional campuses. Those on the regional campuses are master's programs and professional training, for example, teachers who are continuing their studies.

We are overwhelmed by a very large undergraduate population at Ohio State, but our population of graduate students is still very significant. This year we approach almost 10,000 graduate students that comprise about 20 percent of our student population. And because they are paid at a higher rate by the state, the subsidy is almost 40 percent in terms of what we bring in for graduate students.

This slide gives you the demographics of the population of graduate students in the fall of 2003. We have nearly 10,000 students. You can see that graduate education primarily is where we will see a lot of students coming into our programs from out-of-state. And this is good news, not bad news. Because the intent of our programs is to have such national and international renown that people from anywhere who want the best education will come here.

Our United States students at the master's level is higher, as might be expected, because, again, we often serve a more local audience just as is true on the undergraduate level. For doctoral students, we find that we have a high percentage of not only out-of-state, but international students.

The demographics of our graduate students is an area where we need to continue to do better. Despite the fact that the actual numbers of some of these populations are low -- and they represent small percentages within our own graduate population -- we actually do very well against other institutions nationally. For many years, Ohio State was the number one institution in awarding doctorates to African-Americans, in terms of non-minority institutions. For example, Howard University is always above us. We have dropped so that we are now in the top two or three. I think this is because other institutions have also been very aggressive, but this is definitely a point of pride for Ohio State.

**PRESENTATION ON ADMISSIONS, STUDENT PROFILE, GRADUATION RATES,
RETENTION FOR UNDERGRADUATES AND GRADUATE STUDENTS (contd)**

Mr. McFerson:

On that slide it shows 6,500 students, but you said you had 10,000 students.

Dean Huntington:

Some may not be actually enrolled right now; just about 7,000 that are here, but it may come from the alternative –

Dr. Jack Rall:

Twenty-eight percent are international students.

Interim Provost Snyder:

It does not include international students.

Dean Huntington:

That is exactly right – no international students are included in the demographics. Thank you very much. I am sorry I did not catch that. We are only looking at the profile of the U.S. students.

Mr. McFerson:

But by including the international students that would change the diversity numbers dramatically.

Dean Huntington:

Correct. We have about 28 percent of our students who are, in fact, international.

Ms. Longaberger:

There is a reason you did not include them. How does that work?

Interim Provost Snyder:

For purposes of counting diversity, that does not count. If somebody comes from another country, we wouldn't count them as African-American, or if they are not a United States citizen.

Ms. Longaberger:

Right. That is what I wanted to know. That answers Dimon's question.

Dean Huntington:

But diversity is obviously much broader. When we have people from many countries it increases the diversity of our campus, but the kind of diversity that we are really trying to craft relates to the U.S.

You can see that at the master's level we bring in many students from the state. On the doctoral level, very few of our students have actually done their undergraduate degrees in Ohio. Again, this is good news. If you are doing doctoral education, which is highly specialized and requires the absolute best

**PRESENTATION ON ADMISSIONS, STUDENT PROFILE, GRADUATION RATES,
RETENTION FOR UNDERGRADUATES AND GRADUATE STUDENTS (contd)**

Dean Huntington: (contd)

faculty that we can bring in, the best students from all over the country will want to apply to us. The undergraduate institutions again, only 31 percent of our doctoral students did an undergraduate degree in Ohio.

The point that I want to make here is that many of our graduate students come to us with already high qualifications in their field, having already been working in their discipline. This gives them a greater maturity and experience.

Very high percentages of our students are enrolled full-time. At the master's level we have many people who are working in business who might be earning an M.B.A., social workers who are earning their degree, and teachers who are earning a degree as well, so the numbers are not so high. But what we find on our doctoral level is that this is not a part-time activity. This is something that requires great intensity and this is one reason that we also need to be so careful about the way we support our graduate students financially, because this is what they are doing for the years that they are here.

We hear a lot about graduate teaching associates and sometimes we get the impression that they are doing all of the teaching for the University at the undergraduate level. But, in fact, not all of our students actually have the teaching experience. This is something that we would like to improve because, philosophically, many of us believe that the teaching experience is something that really helps the student in terms of their grasp of their subject matter and in their communications skills.

This is really wonderful information. A survey done a few months ago shows the very high research productivity of our graduate students with the respondents indicating that very significant numbers of them have already been participating in research activities in their discipline.

Eighty-two percent of the master's and nearly 90 percent of our doctoral students find a job immediately following graduation in their discipline. This is wonderful, because very often it takes a year or two before the individual actually settles into what might be the more long-term career.

We admit about 25 percent of the students that apply. Some of our individual programs are so selective that they are admitting only 7, 8, or 9 percent of the students that are applying to them. Our actual yield is about 3,500 students. So of about 5,000 graduate students who are admitted, about 3,500 actually enroll.

Who are our competitors as far as other institutions for graduate studies? You will notice on this slide that the long bar at the bottom is Michigan. The next one up is Purdue, Illinois, Cincinnati, Cornell, and Case Western, and so on. What we find is that the students who apply to Ohio State for graduate school are by and large interested in a large state institution. Our main competitors are not Harvard, MIT, and some of those institutions. I think this is also very revealing information for us because it shows where we really need to put our efforts.

The highest reasons that our students apply to Ohio State -- and these data were collected from a survey of students who did not matriculate at Ohio State, but had been admitted here -- are the reputation in our fields of discipline and overall academic reputation. Again, that is wonderful news. These are precisely the students that we want to have apply. At the same time, the students who chose other institutions chose institutions that were perceived to be academically stronger. This means that we must continue on the path to better ourselves

**PRESENTATION ON ADMISSIONS, STUDENT PROFILE, GRADUATION RATES,
RETENTION FOR UNDERGRADUATES AND GRADUATE STUDENTS (contd)**

Dean Huntington: (contd)

academically. Do everything that we need to support the academic program if we are to succeed and continue to have a selective student body on the graduate level.

In the G-QUE study we collected data from deans and department chairs. We found that against all of their other priorities, deans rated graduate education as their highest priority and the same was true for department chairs. So, again, this is something that certainly the college deans and the department chairs see as not only central to their mission, but perhaps the key ingredient.

We are doing many things to improve graduate education. As I have already mentioned, one thing we have to do is to make sure that our academic programs are on track because that is the reason that our students apply here. But we also need to do things to make sure that we have a hospitable environment in which these students can flourish. Many of you heard of the G-QUE study. This was done several years ago to try to find out where we were in terms of providing the outside of the classroom experience, the living situation, and so on for our students.

We have had a steering committee for two years and very aggressively moving ahead on many of the recommendations. In the G-QUE study we found that barely over 60 percent of our graduate teaching associates were going into the classroom with any prior training. The Office of Academic Affairs has recently mandated that every GTA have training prior to going into the classroom. I am pleased to say that when we had the orientation for GTAs this fall, the enrollment was the highest it had ever been and departments also created training series for their students. This is something that we should be very proud of and this is something that not only benefits the GTAs themselves, as part of their professional training, but will have a major impact on improving our undergraduate education.

President Holbrook recognizes the importance of interdisciplinary work in particular for our graduate students. In her leadership agenda, she has identified funds – and we are really thrilled about these funds – to create some initiative to help foster interdisciplinary work for graduate and professional students.

One of the things we need to keep in mind when we talk about graduate education is that, to a large extent, the rankings of institutions are based on our graduate programs as well as our professional programs – medicine, law, and things of that sort. So it is absolutely critical, if this institution is going to get where it wants to go in terms of national reputation, that we pay attention to our graduate programs.

When we work on improving graduate education, both academically and in terms of quality of life issues, we have many things that we can accomplish, not only at our own institution but as you can see through better service to the state and the nation. If we are graduating students in fields like engineering and these engineering students ultimately contribute to our economy, technology, and the technological infrastructure of our state or the nation, then, of course, this is absolutely wonderful.

We must remember graduate students are the future leaders of their disciplines. What we are doing when we are teaching students at the graduate level, particularly students who are getting a Ph.D. degree, we are training the next generation of leaders in every field, from A to Z, from the arts to zoology, to all of

**PRESENTATION ON ADMISSIONS, STUDENT PROFILE, GRADUATION RATES,
RETENTION FOR UNDERGRADUATES AND GRADUATE STUDENTS (contd)**

Dean Huntington: (contd)

the fields in between. This is a responsibility that I think we and all institutions that do graduate education have to take seriously. We also need to remember that graduate students play a very powerful role, particularly in the teaching and research mission of our University. I showed you some data that reflected that.

Again, to repeat, I believe that to continue on our institutional path to excellence we must compete for and attract the best students and, I think, we are on the way to doing that and need to continue to do more.

Mr. Sofia:

Susan, thank you. Any questions for Susan? Susan, very good report. We believe that graduate students are very important and appreciate the job you do.

Dean Huntington:

Thank you.

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CONSENT AGENDA

President Karen A. Holbrook:

We have twelve resolutions on the Consent Agenda today and unless there are any objections, I would like to recommend them to the Board:

APPOINTMENTS TO OSU HARDING HOSPITAL BOARD

Resolution No. 2004-50

Synopsis: Approval of appointments to the OSU Harding Hospital Board is proposed.

WHEREAS the Board of Trustees on December 6, 2001, approved the establishment of an OSU & Harding Hospital Board; and

WHEREAS the membership of the Hospitals Board was approved on April 4, 1980, and has been subsequently amended to include membership on specialized boards; and

WHEREAS all members of a specialized board shall be appointed by The Ohio State University board of trustees in consultation with the vice president for health services, the senior vice president for health sciences, and the president of the university:

NOW THEREFORE

BE IT RESOLVED, That the following individuals be appointed as citizen members of the OSU Harding Hospital Board effective December 1, 2003:

Dr. Richard Harding (3-year term)
Dr. Sul R. Thorward (3-year term)

**AMENDMENTS TO THE *MEDICAL STAFF BYLAWS*
OF THE OHIO STATE UNIVERSITY HOSPITALS EAST**

Resolution No. 2004-51

Synopsis: The amendments to the *Bylaws of the Medical Staff* of The Ohio State University Hospitals East are recommended for approval.

WHEREAS The Ohio State University Hospitals Board pursuant to bylaw 3335-101-04 of the Hospitals Board Bylaws is authorized to recommend to the Board of Trustees the adoption of amendments to the *Medical Staff Bylaws* of The Ohio State University Hospitals East; and

WHEREAS the proposed amendments to the *Medical Staff Bylaws* of The Ohio State University Hospitals East were approved by the University Hospitals Board on September 25, 2003, as attached:

NOW THEREFORE

BE IT RESOLVED, That the foregoing amendments to the *Bylaws of the Medical Staff* of The Ohio State University Hospitals East be adopted as recommended and approved September 25, 2003, by the University Hospitals Board.

(See Appendix XVIII for amendments to the *Bylaws of the Medical Staff* of The Ohio State University Hospitals East, page 511.)

ESTABLISHMENT OF A MASTER OF THE STUDY OF LAW DEGREE PROGRAM

Resolution No. 2004-52

Synopsis: Establishment of a Master of the Study of Law degree program is proposed.

WHEREAS the only degree program offered by the Moritz College of Law is a three-year, full-time program leading to a Juris Doctor (J.D.) degree; and

WHEREAS not all students interested in learning about the law plan to practice law or to engage in careers for which a law degree is necessary, and scholars in other disciplines find that knowledge of the law is important to their research; and

WHEREAS the study of law continues to become more interdisciplinary with the resolution of legal issues benefiting from the insights of other disciplines, and for a wide range of other disciplines a knowledge of legal issues contributes to the understanding and resolution of a range of societal issues; and

WHEREAS the Master of the Study of Law degree would be a non-professional degree that would provide an education in legal principles and methodology for students with no previous legal training and would enhance their work, as scholars in other disciplines, that require or would benefit from knowledge of the legal system; and

WHEREAS the proposal was discussed and approved by the Research and Graduate Council, the Council on Academic Affairs subcommittee, the full Council on Academic Affairs, and was approved by the University Senate at its October 9, 2003 meeting:

NOW THEREFORE

BE IT RESOLVED, That the proposal to establish a Master of the Study of Law degree program is hereby approved to be effective upon the approval of the Ohio Board of Regents.

RESOLUTIONS IN MEMORIAM

Resolution No. 2004-53

Synopsis: Approval of Resolutions in Memoriam is proposed.

RESOLVED, That the Board adopt the following Resolutions in Memoriam and that the President be requested to convey a copy to the families of the deceased.

John P. Beckwith

The Board of Trustees of The Ohio State University expresses its sorrow upon the death on September 23, 2003, of John P. Beckwith, Associate Professor Emeritus in the College of Dentistry (Restorative Dentistry).

A 1946 graduate of The Ohio State University College of Dentistry, Dr. Beckwith passed away in Worthington, Ohio, after a short illness. He was a native of Lancaster, Ohio. Following his graduation, he entered into private practice in Columbus that was interrupted by two years of service in the United States Air Force. During his practice years, he also served as a part-time instructor and later as a part-time assistant professor at the College.

In 1954, he joined the part-time faculty as an assistant professor of operative dentistry and, in 1962, he retired from practice and taught full-time in the College. Two years later, he was promoted to the rank of associate professor and in 1969 was appointed head of operative dentistry and continued in that office until 1983. In the spring of 1985, Professor Beckwith retired with the rank of associate professor emeritus. Dr. Beckwith was noted for his innovations in teaching, especially for his live-television presentations of restorative procedures.

On behalf of the University community, the Board of Trustees expresses to the family of Dr. John P. Beckwith its deepest sympathy and sense of understanding of their loss. It was directed that this resolution be inscribed upon the minutes of the Board of Trustees and that a copy be tendered to his family as an expression of the Board's heartfelt sympathy.

Byron E. Gamble

The Board of Trustees of The Ohio State University expresses its sorrow upon the death on October 11, 2003, of Byron E. Gamble, Assistant Professor Emeritus of the Ohio State University Extension.

Mr. Gamble was born February 19, 1912, in Van Wert County, Ohio. He completed his Bachelor of Science degree in 1933 in agricultural education from The Ohio State University and began his Extension career in Ohio in 1945 as the assistant county agriculture agent in Trumbull County. In 1946 he became the county agriculture agent in Seneca County and held this position until his retirement in 1973.

Mr. Gamble's contributions in providing Extension educational programs during his career proved that he was a truly dedicated teacher for Extension. He was a member of the National Association of County Agricultural Agents and received the USDA Distinguished Service Award in 1960. Byron Gamble was instrumental in developing several new agricultural programs for the citizens of Seneca County during his more than 26-year career there. He served as president of the Ohio Extension Agents Association in 1973. During his Extension career he was well known for his weekly radio broadcasts and monthly telecasts.

On behalf of the University community, the Board of Trustees expresses to the family of Byron E. Gamble its deepest sympathy and sense of understanding of their loss. It was directed that this resolution be inscribed upon the minutes of the Board of Trustees and that a copy be tendered to his family as an expression of the Board's heartfelt sympathy.

RESOLUTIONS IN MEMORIAM (contd)

Austin E. Knowlton

The Board of Trustees of The Ohio State University expresses its sorrow upon the death on June 25, 2003, of Austin E. "Dutch" Knowlton (B.Arch.E., 1931).

After graduating in 1931, Mr. Knowlton, who received a bachelor of architectural engineering degree from The Ohio State University, joined his father's construction company, The Knowlton Company. Through activities in real estate development, facility construction, and leaseback arrangements, The Knowlton Company made a significant impact on the quality of the built environment, especially in the State of Ohio.

Mr. Knowlton developed the innovative strategy of constructing campus buildings for lease in Ohio and other states. The Knowlton Company built and leased over 40 dormitories and, in one year, completed facilities for more than 3,400 students.

From the 1940s through the 1970s, the Knowlton Company built extensively at The Ohio State University, as well as at other Ohio universities. The Knowlton Company's major projects at Ohio State include: the Fawcett Center for Tomorrow, the College of Dentistry laboratories, Hitchcock Hall, Houck House, Jones Graduate Tower, the School of Allied Medical Professions, the Wilce Student Health Center, Drake Union, Larkins Hall, Rhodes Hall and, most recently, the Dreese Laboratory addition.

Through the years, Mr. Knowlton's quiet philanthropy made a great impact on education. In addition to his tremendous generosity to the Knowlton School, he was instrumental in building a library in memory of his parents in his hometown of Bellefontaine, Ohio. The Ohio State University awarded Mr. Knowlton an honorary doctorate of architecture in 1995.

Austin Knowlton made one of the single largest donations in the University's history for the construction of the new School of Architecture building. The new building, which is currently under construction, will house all offices and facilities for the architecture, landscape architecture, and city and regional planning sections in the School. In 1994, the University named the newly to be constructed School of Architecture building and the School of Architecture academic unit in his honor.

In addition to his honorary doctorate of architecture, Mr. Knowlton was a Distinguished Alumnus of the School of Architecture, a life-long member of the School of Architecture Alumni Society, a member of the OSU Alumni Association, a member of the School's Advisory Board, Honorary Chair of the current Knowlton School Campaign Committee, and a charter member of the OSU President's Council. He was also a member of the Alpha Rho Chi professional fraternity. The Ohio State University Alumni Association awarded Mr. Knowlton its Professional Achievement Award in 1994.

On behalf of the University community, the Board of Trustees expresses to the family of Mr. Austin E. Knowlton its deepest sympathy and sense of understanding of their loss. It was directed that this resolution be inscribed upon the minutes of the Board of Trustees and that a copy be tendered to his family as an expression of the Board's heartfelt sympathy.

W. Wayne Talarzyk

The Board of Trustees of The Ohio State University expresses its sorrow upon the death on September 12, 2003, of Dr. William Wayne Talarzyk, Professor Emeritus in the Department of Marketing and Logistics (formerly the Department of Marketing).

Born in Evansville, Indiana, on May 4, 1940, Dr. Talarzyk attended Purdue University where he received his B.S. degree in electrical engineering (1962), his M.S. degree in industrial administration (1966), and his Ph.D. degree in industrial administration, marketing, and finance

RESOLUTIONS IN MEMORIAM (contd)

W. Wayne Talarzyk (contd)

(1969). He was the recipient of several awards and fellowships while at Purdue and was designated a Krannert Scholar in 1966.

Dr. Talarzyk came to The Ohio State University in 1969 and served as professor of marketing, department chair, and program chair of undergraduate business programs before retiring in 1995. He received many honors over the course of his career, being selected Dean's Research Professor in 1977, Outstanding Teacher in the College of Administrative Science (now The Max M. Fisher College of Business) 1976-1977, Marketing Professor of the Year in 1978, and the College of Business Pace Setter Service Award winner in 1988. Dr. Talarzyk was named chair of the Department of Marketing in 1980 and served in that capacity for two four-year terms. His accomplishments as chair were recognized in 1988 when he was nominated by the College for the newly established Chairperson's Recognition Award. He began a three-year term as program chair of undergraduate programs in business in 1991 during which he worked to develop new courses, expand the honors program, and implement new procedures for enrollment management.

In addition to his administrative duties, Professor Talarzyk maintained an active teaching, research, and service load; served on numerous university-wide committees; maintained memberships in The American Marketing Association and the Association for Consumer Research; and was on the editorial review board for the Journal of Marketing Education. He published numerous journal articles, books, monographs, and professional manuals.

Dr. Talarzyk's primary areas of interest in research and teaching were initially managerial marketing, promotional strategy, and consumer attitudes. In the early 1980s he began to explore new technologies and their impact on marketing and the retail sector. He soon gained the reputation of being one of a handful of marketing scholars knowledgeable about the significant changes beginning to occur in the field with the advent of telecommunications, online consumer services, home computers, etc.

He remained active professionally after his retirement from OSU and received the 1998 Distinguished Marketing Researcher in Australia and New Zealand award given by the Australian-New Zealand Marketing Academy. To the end, he was deeply engaged with his family, church, and community.

On behalf of the University community, the Board of Trustees expresses to the family of Professor William Wayne Talarzyk its deepest sympathy and sense of understanding of their loss. It was directed that this resolution be inscribed upon the minutes of the Board of Trustees and that a copy be tendered to his family as an expression of the Board's heartfelt sympathy.

REPORT OF RESEARCH CONTRACTS AND GRANTS

Resolution No. 2004-54

Synopsis: The report on research and other sponsored program contracts and grants and the summary for September 2003 are presented for Board acceptance.

WHEREAS monies are solicited and received on behalf of the University from governmental, industrial, and other agencies in support of research, instructional activities, and service; and

WHEREAS such monies are received through The Ohio State University Research Foundation:

NOW THEREFORE

REPORT OF RESEARCH CONTRACTS AND GRANTS (contd)

BE IT RESOLVED, That the research agreement between The Ohio State University and The Ohio State University Research Foundation for the contracts and grants reported herein during the month of September 2003 be approved.

REPORT ON UNIVERSITY DEVELOPMENT

Resolution No. 2004-55

Synopsis: The report on the receipt of gifts and the summary for September 2003 are presented for Board acceptance.

WHEREAS monies are solicited and received on behalf of the University from alumni, industry, and various individuals in support of research, instructional activities, and service; and

WHEREAS such gifts are received through The Ohio State University Development Fund and The Ohio State University Foundation; and

WHEREAS this report includes the establishment of ten (10) new named endowed funds and the amendment of two (2) endowed chairs and four (4) named endowed funds:

NOW THEREFORE

BE IT RESOLVED, That the acceptance of the report from The Ohio State University Development Fund and The Ohio State University Foundation during the month of September 2003 be approved.

REPORT ON UNIVERSITY DEVELOPMENT (contd)

TOTAL UNIVERSITY PRIVATE SUPPORT

July through September
2003 Compared to 2002

GIFT RECEIPTS BY DONOR TYPE

	Dollars July through September		
	<u>2003</u>	<u>2002</u>	<u>%Change</u>
Individuals:			
Alumni (Current Giving)	\$5,049,041	\$6,870,104	(27)
Alumni (From Bequests)	<u>3,500,239</u>	<u>1,236,831</u>	183
Alumni Total	\$8,549,280	\$8,106,935	5
Non-Alumni (Current Giving)	\$9,404,032	\$3,493,171	169
Non-Alumni (From Bequests)	<u>409,263</u>	<u>2,881,248</u>	(86)
Non-Alumni Total	\$9,813,295	\$6,374,419	54
Individual Total	\$18,362,575	\$14,481,354	27 ^A
Corporations/Corp/Foundations	\$7,386,527	\$9,220,240	(20) ^B
Private Foundations	\$1,995,009	\$1,693,173	18 ^C
Associations and Other Organizations	<u>\$1,927,519</u>	<u>\$912,434</u>	111 ^D
Total	\$29,671,630	\$26,307,201	13

NOTES

- A Individual giving is up 27% largely due to the fact that gifts of \$10,000 or more are up 34% (111 gifts for \$11.2 million last year; 115 gifts for \$15.0 million this year).
- B Corporate giving at the \$10,000 or more level is down 20% for the first quarter of the fiscal year (\$5.8 million from 123 gifts this year; \$7.6 million from 172 gifts last year).
- C Foundation giving at the \$10,000 level is up 13% (\$1.7 million this year; \$1.5 million last year)
- D Gifts at the \$10,000 or more level from other organizations or associations are up 169% for July-September compared with the same period last year (27 gifts for \$1.5 million this year; 21 gifts for \$571,215 last year).

REPORT ON UNIVERSITY DEVELOPMENT (contd)

TOTAL UNIVERSITY PRIVATE SUPPORT (contd)

July from September
2003 Compared to 2002

GIFT RECEIPTS BY PURPOSE

	Dollars July through September		
	<u>2003</u>	<u>2002</u>	<u>% Change</u>
Gift Receipts to Current Use and Endowment Funds:			
Buildings/Equipment	\$12,603,845	\$3,789,595	233
Faculty Support	\$899,473	\$2,873,538	(69)
Program Support	\$10,028,203	\$12,427,903	(19)
Student Financial Aid	\$2,315,222	\$5,403,620	(57)
Annual Funds-Colleges/Departments	\$1,242,881	\$1,691,914	(27)
Annual Funds-University	<u>\$2,582,006</u>	<u>\$120,631</u>	2,040
Total	\$29,671,630	\$26,307,201	13

GIFT ADDITIONS TO ENDOWMENT

Dollars
July through September

<u>2003</u>	<u>2002</u>	<u>% Change</u>
\$3,557,425	\$8,363,947	(57)

REPORT ON UNIVERSITY DEVELOPMENT (contd)

THE OHIO STATE UNIVERSITY DEVELOPMENT FUND

	<u>Previous Gifts</u>	<u>Current Gifts</u>	<u>Total Gifts</u>
<u>Change in Description of Named Endowed Chairs</u>			
The Esther Dardinger Endowed Chair in Neuro-Oncology			
The Dardinger Family Endowed Chair in Oncological Neurosurgery			
<u>Establishment of Named Endowed Funds</u>			
Dr. Kate Riffie Fund for Human Value (Used to provide support to programs dedicated to the welfare of student athletes and the staff of the Student Athlete Support Services office; provided by gifts from a friend of the OSU)		\$100,000.00	\$100,000.00
The River Road Hotel Corporation Endowment Fund for Cancer Research (Used to support cancer research; provided by a gift from River Road Hotel Corporation of Columbus, Ohio)		\$25,000.00	\$25,000.00
The Jerry J. Halterman Endowment Fund at Ohio State ATI (Used to strengthen academic programs, support faculty development, and enrich the education of students at the OSU ATI; provided by gifts from family and friends of Jerry J. Halterman)		\$16,838.00	\$16,838.00

Change in Name and Description of Named Endowed Funds

From: The Martha Brian Fellowship in Journalism
 To: The Martha Brian Fellowship Fund in Journalism

From: Edgar W. Ingram Minority Assistance Scholarship Fund
 To: The Edgar W. Ingram Scholarship Fund

THE OHIO STATE UNIVERSITY FOUNDATION

	<u>Previous Gifts</u>	<u>Current Gifts</u>	<u>Total Gifts</u>
<u>Establishment of Named Endowed Funds</u>			
The Ethel Roe Caulkins and Earl F. Caulkins Scholarship Fund (Used to provide undergraduate and graduate scholarships; provided by a gift from the estate of Mildred Caulkins Urban)		\$250,065.00	\$250,065.00

REPORT ON UNIVERSITY DEVELOPMENT (contd)

THE OHIO STATE UNIVERSITY FOUNDATION (contd)

	<u>Previous Gifts</u>	<u>Current Gifts</u>	<u>Total Gifts</u>
<u>Establishment of Named Endowed Funds (contd)</u>			
The Ray A. and Linda S. Miller Alpha Zeta Partners Leadership Fund (Used to support undergraduate student leadership development activities associated with the Alpha Zeta Partners Leadership Program in the College of Food, Agricultural, and Environmental Sciences; provided by gifts from Raymond A. Miller, Linda S. Miller, their family, friends, and colleagues, and alumni of the College)		\$25,464.00	\$25,464.00
The Ronald S. Erkis Family Athletic Scholarship Fund (Used to provide scholarships for undergraduate student athlete members of the women's basketball team; provided by gifts from Dr. Ronald S. and Joyce L. Erkis)		\$25,167.00	\$25,167.00
Michael A. Bricker, DVM Equine Scholarship Fund (Used to support third- or fourth-year students planning to pursue a practice emphasizing equine medicine; provided by gifts from Karen Mico Bricker, family, and friends in memory of Michael A. Bricker)		\$25,000.00	\$25,000.00
The Andy Hague Endowed Scholarship Fund (Used to support a scholarship in the College of Veterinary Medicine; provided by gifts from Mr. and Mrs. Bill Hague)		\$25,000.00	\$25,000.00
The Margaret F. McDonald Scholarship Fund in Agricultural Economics (Used to support scholarships for students in the Department of Agricultural Economics; provided by gifts from Albert B. Fisher III and Kathleen C. Fisher in memory of Dr. Margaret F. McDonald)		\$25,000.00	\$25,000.00
The William J. and Lois E. Robison Endowment Fund (Used to support human cancer genetics research; provided by a gift from William J. and Lois E. Robison)		\$25,000.00	\$25,000.00

Change in Name and Description of Named Endowed Funds

From: The Dr. Harry F. Bartels Veterinary Practice Management Fund
To: The Dr. Harry F. and Eltha J. Bartels Veterinary Practice Management Fund

REPORT ON UNIVERSITY DEVELOPMENT (contd)

THE OHIO STATE UNIVERSITY FOUNDATION (contd)

Change in Name and Description of Named Endowed Funds (contd)

From: Fredrick Ives Chair's Scholarship Fund
To: Frederick W. Ives Chair's Scholarship Fund

Total	\$542,534.00	\$542,534.00
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THE OHIO STATE UNIVERSITY DEVELOPMENT FUND

Change in Description of Named Endowed Chairs

The Esther Dardinger Endowed Chair in Neuro-Oncology

The Esther Dardinger Endowed Chair in Neuro-Oncology at the Comprehensive Cancer Center – The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute was established September 5, 2003, by the Board of Trustees of The Ohio State University. This chair has been established by The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute in memory of the late Esther Dardinger of Johnstown, Ohio. The description was revised on November 7, 2003.

All gifts are to be invested in the University's Permanent Endowment Fund, under the rules and regulations adopted by the Board of Trustees of The Ohio State University, with the right to invest and reinvest as occasion dictates.

The annual income shall be used to support the salary and cancer research of a faculty member dedicated to research and treatment in the area of neuro-oncology in the Comprehensive Cancer Center – The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute at The Ohio State University as approved by the director of The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute, the director of the Comprehensive Cancer Center, and the senior vice president for Health Sciences and dean of the College of Medicine and Public Health.

It is the desire of the donor that this fund should benefit the University in perpetuity. If the need for this fund should cease to exist or so diminish as to provide unused income, then another use shall be designated by the Board of Trustees in consultation with the director of The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute, the director of the Comprehensive Cancer Center, and the senior vice president for Health Sciences and dean of the College of Medicine and Public Health in order to carry out the desire of the donor.

The Dardinger Family Endowed Chair in Oncological Neurosurgery

The Dardinger Family Endowed Chair in Oncological Neurosurgery at the Comprehensive Cancer Center – The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute was established September 5, 2003 by the Board of Trustees of The Ohio State University. This chair has been established by The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute in honor of the family of Esther and Robert Dardinger of Johnstown, Ohio. The description was revised on November 7, 2003.

All gifts are to be invested in the University's Permanent Endowment Fund, under the rules and regulations adopted by the Board of Trustees of The Ohio State University, with the right to invest and reinvest as occasion dictates.

The annual income shall be used to support the salary and cancer research of a faculty member who is a neurosurgeon dedicated to research and treatment in the area of neuro-oncology in the Comprehensive Cancer Center – The Arthur G. James Cancer Hospital and Richard J. Solove

REPORT ON UNIVERSITY DEVELOPMENT (contd)

THE OHIO STATE UNIVERSITY DEVELOPMENT FUND (contd)

Change in Description of Named Endowed Chairs (contd)

The Dardinger Family Endowed Chair in Oncological Neurosurgery (contd)

Research Institute at The Ohio State University as approved by the director of The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute, the director of the Comprehensive Cancer Center, and the senior vice president for Health Sciences and dean of the College of Medicine and Public Health.

It is the desire of the donor that this fund should benefit the University in perpetuity. If the need for this fund should cease to exist or so diminish as to provide unused income, then another use shall be designated by the Board of Trustees in consultation with the director of The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute, the director of the Comprehensive Cancer Center, and the senior vice president for Health Sciences and dean of the College of Medicine and Public Health in order to carry out the desire of the donor.

Establishment of Named Endowed Funds

Dr. Kate Riffe Fund for Human Value

The Dr. Kate Riffe Fund for Human Value was established on November 7, 2003, by the Board of Trustees of The Ohio State University with gifts from a friend of The Ohio State University.

All gifts are to be invested in the University's Permanent Endowment Fund, under the rules and regulations adopted by the Board of Trustees of The Ohio State University, with the right to invest and reinvest as occasion dictates.

The fund is based on the philosophy that every human has value and it is critical to address the holistic development of each individual associated with the Student Athlete Support Services program.

The annual income shall be used at the discretion of the director of Student Athlete Support Services to provide financial support to programs dedicated to the welfare of student athletes and the staff of the Student Athlete Support Services office.

It is the desire of the donor that this fund should benefit the University in perpetuity. If the need for this fund should cease to exist or so diminish as to provide unused income, then another use shall be designated by the Board of Trustees in consultation with the director of Athletics in order to carry out the desire of the donor.

\$100,000.00

The River Road Hotel Corporation Endowment Fund for Cancer Research

The River Road Hotel Corporation Endowment Fund for Cancer Research at The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute was established on November 7, 2003, by the Board of Trustees of The Ohio State University with a gift from River Road Hotel Corporation of Columbus, Ohio.

All gifts are to be invested in the University's Permanent Endowment Fund, under the rules and regulations adopted by the Board of Trustees of The Ohio State University, with the right to invest and reinvest as occasion dictates.

REPORT ON UNIVERSITY DEVELOPMENT (contd)

THE OHIO STATE UNIVERSITY DEVELOPMENT FUND (contd)

Establishment of Named Endowed Funds (contd)

The River Road Hotel Corporation Endowment Fund for Cancer Research (contd)

The annual income shall be used to support cancer research at The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute at The Ohio State University as approved by the director of The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute. Any unused income at the end of the fiscal year shall be returned to the principal of this fund.

It is the desire of the donor that this fund should benefit the University in perpetuity. If the need for this fund should cease to exist or so diminish as to provide unused income, then another use shall be designated by the Board of Trustees in consultation with the director of The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute in order to carry out the desire of the donor.

\$25,000.00

The Jerry J. Halterman Endowment Fund at Ohio State ATI

The Jerry J. Halterman Endowment Fund at Ohio State ATI (Agricultural Technical Institute) was established on November 7, 2003, by the Board of Trustees of The Ohio State University with gifts from family and friends of Jerry J. Halterman (Ph.D., 1964).

Dr. Halterman was Ohio State ATI's director designate from 1968-71 during the planning and development of the ATI campus. He served as ATI's first director from 1972-78.

All gifts are to be invested in the University's Permanent Endowment Fund, under the rules and regulations adopted by the Board of Trustees of The Ohio State University, with the right to invest and reinvest as occasion dictates.

The annual income shall be used to strengthen academic programs, support faculty development, and enrich the education of students at Ohio State ATI. Income may be used for but not limited to: the purchase of equipment, faculty retreats, guest lecturers, student field trips, and student scholarships.

It is the desire of the donors that this fund should benefit the University in perpetuity. If the need for this fund should cease to exist or so diminish as to provide unused income, then another use shall be designated by the Board of Trustees in consultation with the director of The Ohio State University Agricultural Technical Institute in order to carry out the desire of the donors.

\$16,838.00 (grandfathered)

Change in Name and Description of Named Endowed Funds

The Martha Brian Fellowship Fund in Journalism

The Martha Brian Fellowship in Journalism was established February 4, 1983, by the Board of Trustees of The Ohio State University with gifts from the OSU School of Journalism and Communication alumni, colleagues, friends, and relatives, including Dr. and Mrs. C. J. Brian, parents of the late Professor Brian, and the family of her brother, Mr. and Mrs. C. J. Brian, Jr. The name and description were revised on November 7, 2003.

All gifts are to be invested in the University's Permanent Endowment Fund, under the rules and regulations adopted by the Board of Trustees of The Ohio State University, with the right to invest and reinvest as occasion dictates.

REPORT ON UNIVERSITY DEVELOPMENT (contd)

THE OHIO STATE UNIVERSITY DEVELOPMENT FUND (contd)

Change in Name and Description of Named Endowed Funds (contd)

The Martha Brian Fellowship Fund in Journalism (contd)

The annual income shall be used in a two-fold manner, providing support for the Martha Brian Graduate Student Conference and Martha Brian Travel Fellowships.

The Martha Brian Graduate Student Conference will be an annual event hosted by the School of Journalism and Communication in which graduate students present their ideas and research to faculty in a weekend conference. The Martha Brian Graduate Student Conference will be administered by the Graduate Studies Committee of the School of Journalism and Communication. The bulk of the conference support would be provided by the School of Journalism and Communication, but a portion of the expenses would be paid through the Martha Brian fund.

The Martha Brian Travel Fellowships will provide additional reimbursement funds for graduate students presenting their research at annual conferences of the national organizations devoted to research and education in journalism and communication. The Martha Brian Travel Fellowships will be administered by the Graduate Studies Committee of the School of Journalism and Communication.

It is the desire of the donors that this fund should benefit the University in perpetuity. If the need for this fund should cease to exist or so diminish as to provide unused income, then another use shall be designated by the Board of Trustees in consultation with the appropriate administrative official of the University who is then directly responsible for journalism education in order to carry out the desire of the donors.

The Edgar W. Ingram Scholarship Fund

The Edgar W. Ingram Minority Assistance Scholarship Fund was established June 7, 1984, by the Board of Trustees of The Ohio State University with gifts to The Ohio State University Development Fund from the Edgar W. Ingram Foundation of Columbus, Ohio, and alumni of The Ohio State University Michael E. Moritz College of Law. The name and description were revised on November 7, 2003.

All gifts are to be invested in the University's Permanent Endowment Fund, under the rules and regulations adopted by the Board of Trustees of The Ohio State University, with the right to invest and reinvest as occasion dictates.

The annual income shall be used to fund scholarships for outstanding students attending the Moritz College of Law who, by virtue of their background and accomplishments, will contribute to the intellectual and social diversity of the student body. It is the desire of the donor that, to the extent consistent with applicable law, consideration be given to students demonstrating financial need from the Central Ohio area and others who, because of their social and educational backgrounds and life experiences, have the potential to bring new perspectives to the study of law and the legal profession. The scholarships will be awarded in consultation with the assistant dean of Admissions and Financial Aid in the Moritz College of Law, the dean of the Moritz College of Law, and the University Committee on Student Financial Aid.

It is the desire of the donor that this fund should benefit the University in perpetuity. If the need for this fund should cease to exist or so diminish as to provide unused income, then another use shall be designated by the Board of Trustees in consultation with the dean of the Moritz College of Law in order to carry out the desire of the donor.

REPORT ON UNIVERSITY DEVELOPMENT (contd)

THE OHIO STATE UNIVERSITY FOUNDATION

Establishment of Named Endowed Funds

The Ethel Roe Caulkins and Earl F. Caulkins Scholarship Fund

The Ethel Roe Caulkins and Earl F. Caulkins Scholarship Fund was established on November 7, 2003, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with a gift from the estate of Mildred "Migg" (B.S.Ed., 1932) Caulkins Urban. The scholarship is in memory of Ethel Roe Caulkins and Earl F. Caulkins, the parents of Migg Urban.

All gifts are to be invested by the Foundation, under the rules and regulations adopted by the Foundation's Board of Directors, with the right to invest and reinvest as occasion dictates.

The annual income shall be used to provide undergraduate and graduate scholarships. To be eligible for scholarships, students must be Ohio residents majoring in architecture, city and regional planning, or landscape architecture; must have completed their freshman year; and must maintain a 3.0 grade point average. The scholarships will be distributed to the departments by the director of the Austin E. Knowlton School of Architecture. Selection of the recipients will be made by a departmental committee appointed by the chairperson of each department. Scholarship winners will be chosen primarily for academic merit and their exhibit of enthusiasm and motivation to succeed in their profession. Scholarships will be awarded in consultation with the University Committee on Student Financial Aid.

It is the desire of the donor that this fund should benefit the University in perpetuity. If the need for this fund should cease to exist or so diminish as to provide unused income, then another use shall be designated by the Foundation Board in consultation with the director of the Knowlton School of Architecture in order to carry out the desire of the donor.

\$250,065.00

The Ray A. and Linda S. Miller Alpha Zeta Partners Leadership Fund

The Ray A. and Linda S. Miller Alpha Zeta Partners Leadership Fund was established on November 7, 2003, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts from Raymond A. Miller (B.S.Agr., 1966; M.S., 1968; Ph.D., 1976) and Linda S. Miller (B.S.Ed., 1968; M.A., 1994) of Hilliard, Ohio, their family, friends, colleagues, and alumni of the College of Food, Agricultural, and Environmental Sciences.

All gifts are to be invested by the Foundation, under the rules and regulations adopted by the Foundation's Board of Directors, with the right to invest and reinvest as occasion dictates.

The annual income shall be used to support undergraduate student leadership development activities associated with the Alpha Zeta Partners Leadership Program in the College of Food, Agricultural, and Environmental Sciences. These activities include direct expenses for speakers, special workshops, recognition and awards, events, limited travel, and training sessions for Alpha Zeta Partners students. No monies are to be used to support University staff or faculty in the conduct of this program. Unused income each year is to be returned to the principal.

It is the desire of the donors that this fund should benefit the University in perpetuity. If the need for this fund should cease to exist or so diminish as to provide unused income, then proceeds shall be used to support special programs of the Agriculture and Natural Resources Student Council, specifically recognition programs or leadership events for all students in the College. The use shall be designated by the Foundation Board in consultation with the vice president for

REPORT ON UNIVERSITY DEVELOPMENT (contd)

THE OHIO STATE UNIVERSITY FOUNDATION (contd)

Establishment of Named Endowed Funds (contd)

The Ray A. and Linda S. Miller Alpha Zeta Partners Leadership Fund (contd)

Agricultural Administration and University Outreach, and executive dean for Food, Agricultural, and Environmental Sciences and the senior associate dean and director of Academic Affairs in the College in order to carry out the desire of the donors.

\$25,464.00

The Ronald S. Erkis Family Athletic Scholarship Fund

The Ronald S. Erkis Family Athletic Scholarship Fund was established on November 7, 2003, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts from Dr. Ronald S. and Joyce L. Erkis.

All gifts are to be invested by the Foundation, under the rules and regulations adopted by the Foundation's Board of Directors, with the right to invest and reinvest as occasion dictates.

The annual income shall be used to provide scholarship costs for a student athlete who is a member of the women's basketball team pursuing an undergraduate degree at The Ohio State University. Recipients shall be selected by the director of Athletics in consultation with the University Committee on Student Financial Aid.

It is the desire of the donors that this fund should benefit the University in perpetuity. If the need for this fund should cease to exist or so diminish as to provide unused income, then another use shall be designated by the Foundation Board as recommended by the director of Athletics in order to carry out the desire of the donors.

\$25,167.00

Michael A. Bricker, DVM Equine Scholarship Fund

The Michael A. Bricker, DVM Equine Scholarship Fund was established on November 7, 2003, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts from his wife, Karen Mico Bricker, family, and friends in loving memory of and to honor the life and work of Michael A. Bricker (D.V.M., 1976).

All gifts are to be invested by the Foundation, under the rules and regulations adopted by the Foundation's Board of Directors, with the right to invest and reinvest as occasion dictates.

The annual income shall be used to support one (1) third- or fourth-year student per year who is planning to pursue a practice emphasizing equine medicine. Recipients will be selected by the dean of the College of Veterinary Medicine in consultation with the associate dean for Student Affairs in the College and the University Committee on Student Financial Aid.

It is the desire of the donors that this fund should benefit the University in perpetuity. If the need for this fund should cease to exist or so diminish as to provide unused income, then another use shall be designated by the Foundation Board as recommended by the dean of the College of Veterinary Medicine in order to carry out the desire of the donors.

\$25,000.00

REPORT ON UNIVERSITY DEVELOPMENT (contd)

THE OHIO STATE UNIVERSITY FOUNDATION (contd)

Establishment of Named Endowed Funds (contd)

The Andy Hague Endowed Scholarship Fund

The Andy Hague Endowed Scholarship Fund was established on November 7, 2003, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts from Mr. and Mrs. Bill Hague of Gahanna, Ohio.

All gifts are to be invested by the Foundation, under the rules and regulations adopted by the Foundation's Board of Directors, with the right to invest and reinvest as occasion dictates.

The annual income shall be used to support a scholarship at The Ohio State University College of Veterinary Medicine for one outstanding student with first preference going to a student from Ohio. Recipients will be selected by the dean of the College of Veterinary Medicine in consultation with the associate dean for Student Affairs in the College and the University Committee on Student Financial Aid.

It is the desire of the donors that this fund should benefit the University in perpetuity. If the need for this fund should cease to exist or so diminish as to provide unused income, then another use shall be designated by the Foundation Board as recommended by the dean of the College of Veterinary Medicine in order to carry out the desire of the donors.

\$25,000.00

The Margaret F. McDonald Scholarship Fund in Agricultural Economics

The Margaret F. McDonald Scholarship Fund in Agricultural Economics was established on November 7, 2003, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts in memory of Dr. Margaret F. McDonald (B.A., 1929), associate professor emeritus in the Department of Agricultural, Environmental, and Development Economics (formerly the Department of Agricultural Economics and Rural Sociology); from her nephew, Albert B. Fisher III (B.A., 1978; M.S., 1981); Kathleen C. Fisher of Columbus, Ohio; and the Owens-Corning Foundation.

All gifts are to be invested by the Foundation, under the rules and regulations adopted by the Foundation's Board of Directors, with the right to invest and reinvest as occasion dictates.

The annual income shall be used to support scholarships for students enrolled in the Department of Agricultural, Environmental, and Development Economics, with a preference for undergraduate students. Scholarships will be awarded in consultation with the University Committee on Student Financial Aid.

It is the desire of the donors that this fund should benefit the University in perpetuity. If the need for this fund should cease to exist or so diminish as to provide unused income, then another use shall be designated by the Foundation Board in consultation with the vice president for Agricultural Administration and University Outreach, and executive dean for Food, Agricultural, and Environmental Sciences and the chair of the Department of Agricultural, Environmental, and Development Economics or their successor in order to carry out the desire of the donors.

\$25,000.00

REPORT ON UNIVERSITY DEVELOPMENT (contd)

THE OHIO STATE UNIVERSITY FOUNDATION (contd)

Establishment of Named Endowed Funds (contd)

The William J. and Lois E. Robison Endowment Fund

The William J. and Lois E. Robison Endowment Fund at the Comprehensive Cancer Center – The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute was established on November 7, 2003, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with a gift from William J. and Lois E. Robison.

All gifts are to be invested by the Foundation, under the rules and regulations adopted by the Foundation's Board of Directors, with the right to invest and reinvest as occasion dictates.

The annual income shall be used to support human cancer genetics research at the Comprehensive Cancer Center – The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute at The Ohio State University as approved by the director of The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute, the director of the Comprehensive Cancer Center, and the senior vice president of Health Sciences and dean of the College of Medicine and Public Health. Any unused income shall be returned to the principal of this fund.

It is the desire of the donors that this fund should benefit the University in perpetuity. If the need for this fund should cease to exist or so diminish as to provide unused income, then another use shall be designated by the Foundation Board in consultation with the director of The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute, the director of the Comprehensive Cancer Center, and the senior vice president of Health Sciences and dean of the College of Medicine and Public Health in order to carry out the desire of the donors.

\$25,000.00

Change in Name and Description of Named Endowed Funds

The Dr. Harry F. and Eltha J. Bartels Veterinary Practice Management Fund

The Dr. Harry F. Bartels Veterinary Practice Management Fund was established March 7, 1997, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with a gift from Dr. Harry F. (D.V.M., 1954) and Eltha J. Bartels. The name and description were revised on November 7, 2003.

All gifts are to be invested by the Foundation, under the rules and regulations adopted by the Foundation's Board of Directors, with the right to invest and reinvest as occasion dictates.

The annual income shall be used to further the curriculum of veterinary practice management. Topics could include but are not limited to: human resources, financial management, and business marketing for veterinary students and practicing veterinarians.

It is the desire of the donors that this fund should benefit the University in perpetuity. If the need for this fund should cease to exist or so diminish as to provide unused income, then another use shall be designated by the Foundation Board as recommended by the dean of the College of Veterinary Medicine to carry out the desire of the donors.

REPORT ON UNIVERSITY DEVELOPMENT (contd)

THE OHIO STATE UNIVERSITY FOUNDATION (contd)

Change in Name and Description of Named Endowed Funds (contd)

Frederick W. Ives Chair's Scholarship Fund

The Fredrick Ives Chair's Scholarship Fund was established March 5, 2003, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation with gifts provided by alumni and faculty of the Department of Food, Agricultural, and Biological Engineering in the College of Food, Agricultural, and Environmental Sciences. The name and description were revised on November 7, 2003.

All gifts are to be invested by the Foundation, under the rules and regulations adopted by the Foundation's Board of Directors, with the right to invest and reinvest as occasion dictates.

The annual income shall be used to provide undergraduate scholarships for students, selected by the Department chairperson or the chairperson's designee, who are majoring in programs of the Department of Food, Agricultural, and Biological Engineering in the College of Food, Agricultural, and Environmental Sciences or in the College of Engineering. Criteria for selection should include service to the Department and/or student and professional organizations. Scholarships will be awarded in consultation with the University Committee on Student Financial Aid.

It is the desire of the donors that this fund should benefit the University in perpetuity. If the need for this fund should cease to exist or so diminish as to provide unused income, then another use shall be designated by the Foundation Board in consultation with the vice president for Agricultural Administration and University Outreach, and executive dean for Food, Agricultural, and Environmental Sciences, and the chairperson of the Department of Food, Agricultural, and Biological Engineering, or their successors, in order to carry out the desire of the donors.

WAIVERS OF COMPETITIVE BIDDING REQUIREMENTS

Resolution No. 2004-56

JULY – SEPTEMBER 2003

Synopsis: Acceptance of the quarterly report on waivers of competitive bidding requirements is proposed.

WHEREAS the Purchasing Policy of The Ohio State University adopted by the Board of Trustees on September 7, 1984, and revised on February 7, 1992, July 8, 1994, November 7, 1997, and March 1, 2002 provides that the President and/or the Senior Vice President for Business and Finance, or for the Hospitals of the University and their related facilities, the Vice President for Health Services, may grant a waiver from competitive bidding in the event of an emergency, when a sufficient economic reason exists or when the goods or services can be purchased from only a single source, with a report on such waivers to be made quarterly to this Board; and

WHEREAS the Senior Vice President for Business and Finance has submitted a report on waivers of competitive bidding requirements granted for the period of July - September 2003; and

WHEREAS during the period covered, the Senior Vice President for Business and Finance, at the requests of the departments making the purchases and upon the recommendation of the Purchasing Department, granted 75 waivers of competitive bidding requirements for annual purchases totaling approximately \$8,402,300 as shown on the enclosed exhibit; and

WAIVERS OF COMPETITIVE BIDDING REQUIREMENTS (contd)

WHEREAS during the period covered, the Vice President for Health Services, at the requests of the Hospitals of the University and their related facilities making purchases, granted 31 waivers of competitive bidding requirements for annual purchases totaling approximately \$14,137,500 as shown on the enclosed exhibit:

NOW THEREFORE

BE IT RESOLVED, That the report on waivers of competitive bidding requirements for the period of July - September 2003, is hereby accepted.

(See Appendix XIX for background information, page 565.)

Mr. Shkurti:

The resolution in your books is different than the amended resolution passed by the Fiscal Affairs Committee. We changed a line in the funding sources regarding the signage project for the Medical Center. The project amount for the Heart Hospital remains the same, but their share of the signage project is \$125,000. This was agreed to by both the facilities people and the Medical Center.

AMENDED REQUEST FOR DESIGN AND CONSTRUCTION AUTHORIZATION

Resolution No. 2004-57

REQUEST FOR DESIGN AUTHORIZATION

MEDICAL CENTER SIGNAGE AND WAYFINDING
WOODY HAYES ATHLETIC CENTER AND TENNIS CENTER RENOVATION

REQUEST FOR CONSTRUCTION AUTHORIZATION

DRINKO HALL, ROOM 249
LINCOLN AND MORRILL TOWER WALKWAYS
MEDICAL CENTER HELIPAD ON RHODES HALL
SCOTT HALL – DOCK AREA & CONCRETE WALK/WALL RENOVATION
UNIVERSITY HOSPITAL EAST - EMERGENCY DEPARTMENT

Synopsis: Authorization to enter into design contracts for the Medical Center Signage and Wayfinding, and Woody Hayes Athletic Center and Tennis Center Renovation and construction contracts for Drinko Hall, Room 249, Lincoln and Morrill Tower Walkways, Medical Center Helipad on Rhodes Hall, Scott Hall – Dock Area & Concrete Walk/Wall Renovation, and University Hospital East - Emergency Department is requested.

WHEREAS the University desires to install directional signs and vehicular wayfinding in and around the Medical Center Campus; and

WHEREAS the estimated project cost is \$360,000, with funding to be provided by University Hospitals (\$335,000) and future University bond proceeds (\$25,000) with debt service to be paid by University Hospitals; and

WHEREAS the University desires to renovate and expand the Woody Hayes Athletic Center and Varsity Tennis Courts; and

AMENDED REQUEST FOR DESIGN AND CONSTRUCTION AUTHORIZATION (contd)

WHEREAS the estimated project cost is \$20,000,000 to \$22,000,000 with funding to be provided by Athletic Department Development Funds; and

WHEREAS the University desires to renovate and modernize the Drinko Hall Law Courtroom; and

WHEREAS the construction document project cost is \$397,000 with funding to be provided by the Moritz College of Law general funds; and

WHEREAS the University desires to replace a portion of the walkways to Lincoln and Morrill Towers; and

WHEREAS the construction document project cost is \$660,000, with funding to be provided by HB 748 (\$60,000) and HB 675 (\$600,000); and

WHEREAS the University desires to construct a helipad on Rhodes Hall tower; and

WHEREAS the Board of Trustees originally approved this project for \$2,927,838 and the project cost has now increased to \$4,813,835 resulting from the need to replace two failing chillers on the Rhodes Tower roof, with the increase in funding to be provided by University Hospitals; and

WHEREAS the University desires to repair and weatherproof the concrete and replace the hand railings in the area around Scott Hall; and

WHEREAS the construction document project cost is \$150,000 with funding to be provided by HB 675; and

WHEREAS the University desires to renovate the Emergency Department at University Hospitals East; and

WHEREAS the construction document project cost is \$4,787,564 with funding to be provided by the University Hospital auxiliary funds (\$787,564) and by future University bond proceeds (\$4,000,000) with debt service to be provided by University Hospitals:

NOW THEREFORE

BE IT RESOLVED, That the President and/or Senior Vice President for Business and Finance be authorized to select qualified architectural/engineering firms as necessary for the Medical Center Signage and Wayfinding, and Woody Hayes Athletic Center and Tennis Center Renovation; and

BE IT FURTHER RESOLVED, That the President and/or Senior Vice President for Business and Finance be authorized to request construction bids for Drinko Hall, Room 249, Lincoln and Morrill Tower Walkways, Medical Center Helipad on Rhodes Hall, Scott Hall – Dock Area & Concrete Walk/Wall Renovation, and University Hospital East - Emergency Department are hereby accepted.

(See Appendix XX for background information and maps, page 567.)

ADOPTION OF THE 2003 UPDATE TO THE UNIVERSITY MASTER PLAN

Resolution No. 2004-58

Synopsis: Adoption of the proposed 2003 update to the University Master Plan is recommended.

ADOPTION OF THE 2003 UPDATE TO THE UNIVERSITY MASTER PLAN (contd)

WHEREAS the Board of Trustees recognizes that planning for the University's facilities and the physical environment of each campus is a valuable and critical requirement for accomplishing the University's mission and enhancing the quality of life for our students, faculty, staff, visitors, and neighbors; and

WHEREAS Volume I ("University Context") and Volume II ("Long Range Concept Plan") of the University Master Plan were adopted by the Board of Trustees in October 1995; and

WHEREAS the Master Plan needs to be updated periodically to ensure that it continues to be responsive to the dynamic nature of the University, including the adoption of the Academic Plan in December 2000; and

WHEREAS the Department of Facilities Planning and Development has coordinated a review of the Master Plan, with participants from affected University constituencies and an external review team; and

WHEREAS the resulting update contains recommended policy, technical, and data-gathering actions to strengthen master plan implementation efforts; and

WHEREAS the appropriate University offices have reviewed the proposed 2003 Update to the University Master Plan and recommend its adoption:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby adopts the proposed 2003 Update to the University Master Plan Volume I ("University Context") and Volume II ("Long Range Concept Plan").

(See Appendix XXI for background information, page 585.)

**TRANSFER OF REMAINDER INTEREST IN REAL PROPERTY
6400 SUNBURY ROAD, BLENDON TOWNSHIP, FRANKLIN COUNTY, OHIO**

Resolution No. 2004-59

Synopsis: Authorization for the transfer of the remainder interest in real property at 6400 Sunbury Road, Blendon Township, Franklin County, Ohio, to The Ohio State University Foundation is proposed.

WHEREAS The Ohio State University owns real property at 6400 Sunbury Road, Blendon Township, Franklin County, Ohio, consisting of a 7,700 square foot residence on approximately 23 acres, subject to a life estate; and

WHEREAS the life resident desires to sell his life interest to The Ohio State University Foundation and the University is interested in extinguishing its obligation of maintaining the property for the life resident (a period estimated to be 41 years); and

WHEREAS consolidation of the life interest and the remainder interest in the University Foundation will facilitate the desired sale of the property:

NOW THEREFORE

**TRANSFER OF REMAINDER INTEREST IN REAL PROPERTY
6400 SUNBURY ROAD, BLENDON TOWNSHIP, FRANKLIN COUNTY, OHIO (contd)**

BE IT RESOLVED, That the President and/or the Senior Vice President for Business and Finance be authorized to transfer the real property at 6400 Sunbury Road, Blendon Township, Franklin County, Ohio, subject to life estate, to The Ohio State University Foundation for consolidation of interests and disposal of the property.

(See Appendix XXII for background information and map, page 587.)

**TRANSFER OF REAL PROPERTY FOR THE SOUTH CAMPUS GATEWAY PROJECT
COLUMBUS, OHIO**

Resolution No. 2004-60

Synopsis: Transfer of the South Campus Gateway real property to the Board of Trustees is proposed.

WHEREAS since 1995 the Board of Trustees has recognized the critical need for revitalization of the High Street and residential areas adjacent to the Columbus Campus and the importance of the initiatives of Campus Partners for Community Urban Redevelopment, Inc., in this effort, and in 1997 the Board accepted Campus Partners' "University Neighborhoods Revitalization Plan: Concept Document"; and

WHEREAS Campus Partners has made significant progress towards the implementation of its priority initiatives, including the South Campus Gateway project; the restructuring of the Broad Street Housing portfolio; the faculty and staff home ownership incentive program; the establishment of a mandatory development and design review process for the High Street corridor; improvements to public safety, refuse collection, code enforcement, and other public services; the formation of a special improvement district; and numerous other neighborhood improvement initiatives; and

WHEREAS the South Campus Gateway, the initial redevelopment project for the South Campus/High Street redevelopment, is expected to be completed in the Summer of 2005, and this mixed-use development will encompass substantial University facilities, including office space, University housing, a parking garage, and the Moritz College of Law Buckeye Barristers Club; and

WHEREAS to facilitate and accomplish the goals and purposes of the South Campus Gateway, Campus Partners proposes the transfer, by its wholly owned subsidiary Gateway Area Revitalization Initiative, of all or substantially all of the real property comprising the South Campus Gateway site, to the University to be held for the use and benefit of The Ohio State University and to be used for the support of the University, pursuant to Sections 3335.13, 3345.16, and 3345.17 of the Revised Code:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees of The Ohio State University hereby accepts ownership of, and title in, all or substantially all, as determined by the University, of the real property located in Columbus, Ohio, and described on the recorded plat thereof as *South Campus Gateway, A Resubdivision of Parts of Amos and Palmer's Subdivision, College Place Addition, Henry T. Chittenden's Woodburn Addition, John R. Cook's Subdivision, Josephine Walsh's Subdivision, and Kelly Fink, Dundon & Bergin's Subdivision*, to be held in the University Endowment portfolio in trust; and

**TRANSFER OF REAL PROPERTY FOR THE SOUTH CAMPUS GATEWAY PROJECT
COLUMBUS, OHIO (contd)**

BE IT FURTHER RESOLVED, That this real property is to be held for the use and benefit of The Ohio State University and is to be used for the support of The Ohio State University.

(Map on file in the Board Office.)

Upon motion of Ms. Longaberger, seconded by Mr. Borrer, the Board of Trustees adopted the foregoing resolutions by unanimous roll call vote, cast by Messrs. Sofia, Slane, McFerson, Borrer, O'Dell, and Mses. Longaberger, Hendricks, and Davidson.

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Mr. Sofia:

In addition, I would like to recommend that the monthly Personnel Actions resolution – be amended to add "...that the decision of the University Hospitals Board to deny an application for reappointment to the University Hospitals Medical Staff, considered at today's executive session, be hereby affirmed."

AMENDED PERSONNEL ACTIONS

Resolution No. 2004-61

BE IT RESOLVED, That the personnel actions as recorded in the Personnel Budget Records of the University since the October 3, 2003 meeting of the Board, including the following Appointment, Reappointment of Chairpersons, Leaves of Absence Without Salary, Professional Improvement Leave, and Emeritus Title, as detailed in the University Budget be approved; and

BE IT FURTHER RESOLVED, That the Medical Staff Appointments approved September 23, 2003, by The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute Board, be ratified; and

BE IT FURTHER RESOLVED, That the decision of the University Hospitals Board to deny an application for reappointment to the University Hospitals Medical Staff, considered at today's Executive Session of the Board, be hereby affirmed.

Appointment

Name:	PETER E. GEIER
Title:	Interim Vice President for Health Services and Interim Chief Executive Officer
Office/System:	Health Services/The Ohio State University Health System
Effective:	February 1, 2004
Concurrent	
Position:	Senior Associate Vice President for Business Development and Strategic Planning, and Chief Financial Officer/Chief Operating Officer

Reappointment of Chairpersons

October 1, 2003, through June 30, 2007

Family Medicine
Pediatrics

Mary Jo Welker
Thomas N. Hansen

PERSONNEL ACTIONS (contd)

Leaves of Absence Without Salary

STEPHEN W. MELVILLE, Professor, Department of History of Art, effective Autumn Quarter 2003, to accept a Clark Fellowship at the Sterling & Francine Clark Art Institute, Williamstown, MA, and accept a Fulbright Senior Specialist grant to lecture at the University of Warsaw.

JOSEPH B. WILLIAMS, Associate Professor, Department of Evolution, Ecology, and Organismal Biology, effective Autumn Quarter 2003 and Winter Quarter 2004, to work as the Director of Research of the National Wildlife Research Center in Taif, Saudi Arabia, by accepting a Fulbright Fellowship.

Professional Improvement Leave

DAVID A. COLLIER, Associate Professor, Department of Management Sciences, effective Winter Quarter, Spring Quarter, and Autumn Quarter 2004.

Emeritus Titles

JACK M. BALCER, Department of History, with the title Professor Emeritus, effective December 1, 2003.

DEV S. PATHAK, School of Public Health, with the title Professor Emeritus, effective January 1, 2004.

MICHAEL KNEE, Department of Horticulture and Crop Science, with the title Professor Emeritus, effective February 1, 2004.

HENRY A. WISE II, Department of Surgery, with the title Clinical Professor Emeritus, effective November 1, 2003.

Medical Staff--Initial Appointments (The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute)

Magid H. Amer, M.D., James Internal Medicine, Hematology/Oncology, James Attending, 9/23/2003 - 3/1/2004

William G. Blum, M.D., James Internal Medicine, Hematology/Oncology, James Attending, 9/12/2003 - 3/1/2004

Johannah Clarke, C.N.P., James Surgery, Surgical Oncology, James Allied Health, 8/8/2003 - 2/2/2004

Stephen R. Feagins, M.D., James Internal Medicine, General Medicine, James Community Assoc., 8/8/2003 - 2/2/2004

David S. Feldman, M.D., Ph.D., James Internal Medicine, Cardiology, James Associate Attending, 9/23/2003 - 3/1/2004

Andrew V. Grainger, M.D., James Internal Medicine, Hematology/Oncology, James Attending, 8/8/2003 - 2/2/2004

Craig S. Jenkins, M.D., James Anesthesiology, James Associate Attending, 9/23/2003 - 3/1/2004

Todd S. Klausner, M.D., James Radiology, James Associate Attending, 9/23/2003 - 3/1/2004

Matharbootham Mani, M.D., James Anesthesiology, James Associate Attending, 9/23/2003 - 3/1/2004

Carolyn A. McClerking, C.N.P., James Internal Medicine, Hematology/Oncology, James Allied Health, 8/8/2003 - 2/2/2004

Carole A. Miller, M.D., James Surgery, Neurologic Surgery, James Associate Attending, 8/8/2003 - 2/2/2004

Gulam J. Mukhdomi, M.D., James Anesthesiology, James Associate Attending, 9/23/2003 - 3/1/2004

Sreelatha Pulakhandam, M.D., James Psychiatry, James Associate Attending, 9/23/2003 - 3/1/2004

Matthew D. Ringel, M.D., James Internal Medicine, Endocrinology, James Associate Attending, 9/23/2003 - 3/1/2004

Laura E. Ryan, M.D., James Internal Medicine, Endocrinology, James Associate Attending, 9/23/2003 - 3/1/2004

PERSONNEL ACTIONS (contd)

Medical Staff--Initial Appointments (The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute) (contd)

Rulong Z. Shen, M.D., James Radiology, James Associate Attending, 8/8/2003 - 2/2/2004
Nancy L. Stasik, P.A., James Surgery, Thoracic/Cardio Surgery, James Allied Health, 9/23/2003 - 3/1/2004
Sherry Stewart Harmond, C.N.P., James Internal Medicine, Hematology/Oncology, James Allied Health, 8/8/2003 - 2/2/2004
RundSarah M. Tahboub, M.D., James Internal Medicine, General Medicine, James Associate Attending, 8/8/2003 - 2/2/2004
Robin A. Vachon-Kraut, C.N.P., James Anesthesiology, James Allied Health, 8/8/2003 - 2/2/2004
Lalit K. Vadlamani, M.D., James Internal Medicine, Cardiology, James Associate Attending, 8/8/2003 - 2/2/2004

Medical Staff—Provisional to Full Appointments (The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute)

Gunwant S. Mallik, M.D., Surgery, Neurosurgery, James Associate Attending, 9/23/2003 - 6/30/2004
Michael J. Meleca, M.D., Internal Medicine, Cardiology, James Community Associate, 8/8/2003 - 6/30/2004
Tibor Nadasdy, M.D., Pathology, James Associate Attending, 8/8/2003 - 6/30/2004
Rajendra C. Patel, Internal Medicine, Cardiology, James Community Associate, 8/8/2003 - 6/30/2004
Mohini S. Rao, M.D., Anesthesiology, James Associate Attending, 8/8/2003 - 6/30/2004
Richard E. Schlanger, M.D., Surgery, General Surgery, James Associate Attending, 8/8/2003 - 6/30/2004
Shantanu Sinha, M.D., Internal Medicine, Cardiology, James Community Associate, 8/8/2003 - 6/30/2004

Medical Staff—Requests for Additional Privileges (The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute)

Magid H. Amer, M.D., Internal Medicine, James Attending, Moderate Sedation, 9/23/2003 - 3/1/2004
Jeffrey W. Hazey, M.D., Surgery, James Associate Attending, Moderate Sedation, 9/23/2003 - 3/1/2004
Ali A. Rikabi, M.D., Radiology, James Associate Attending, Moderate Sedation, 8/8/2003 - 2/2/2004
Sherry Stewart Harmond, C.N.P., Internal Medicine, James Allied Health, Prescriptive Authority, 8/8/2003 - 2/2/2004
Robin Vachon-Kraut, C.N.P., Anesthesiology, James Allied Health, Epidural Analgesia Opioid Titration, 8/8/2003 - 2/2/2004

Medical Staff—Request for Change in Category (The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute)

Jason Sayat, M.D., Obstetrics/Gynecology, from James Clinical Attending to Associate Attending, 8/8/2003 - 6/30/2004

Upon motion of Mr. Slane, seconded by Ms. Davidson, the Board of Trustees adopted the foregoing resolution with seven affirmative votes, cast by Messrs. Sofia, Slane, McFerson, Borrer, and Meses. Longaberger, Hendricks, and Davidson, and one abstention cast by Mr. O'Dell.

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November 7, 2003 meeting, Board of Trustees

Thereupon the Board adjourned to meet Friday, December 5, 2003, at The Ohio State University Longaberger Alumni House, Columbus, Ohio.

Attest:

David O. Frantz
Secretary

Zuheir Sofia
Chairman

**THE OHIO STATE UNIVERSITY
HOSPITALS EAST
MEDICAL STAFF BYLAWS**

AMENDMENTS ADOPTED BY THE
MEDICAL STAFF, AUGUST, 2003

IMPACT STATEMENT

Robert L. Holder, 9-11-03

The Medical Staff Bylaws of the Ohio State University Hospitals East were amended in a comprehensive manner to bring them into conformance with the Medical Staff Bylaws of The Ohio State University Hospitals.

Major areas of revision included:

1. Board certification criteria
2. Provisions for automatic termination of medical staff membership following exclusion from governmental health or reimbursement programs.
3. Education and training requirements for the OSU integrity and HIPAA programs.
4. Uniform Credentialing procedures.
5. Provisional medical staff membership prior to full appointment.
6. Medical leave of absence policies.
7. Policies regarding supervision of limited staff members.
8. Amending physicians in post-graduate training programs to non-medical staff membership and defining their qualifications and responsibilities.
9. Clarifying and defining the privileges of podiatrists, oral and maxillofacial surgeons, and other licensed health care professionals.
10. Modifying temporary privileges and adding sections on disaster privileges and telemedicine.
11. Adopting the OSUH procedures on medical staff hearings and appellate review.
12. Adopted electronic balloting for medical staff election.
13. Amended procedures for appointment of medical staff committee membership.
14. Modified medical staff committee attendance and voting.
15. Revised the medical staff committee structure to recognize the creation of Health System wide medical staff committees for:
 - A. Credentialing
 - B. Ethics
 - C. Physician Health
 - D. Clinical Quality Management Policy GroupOSUHE medical staff members will be represented on each of these Health System Committees.
16. Modified procedures for amendments to the Medical Staff Bylaws.
17. Numerous changes were made in terminology (must/shall) to achieve uniformity with OSUH Medical Staff Bylaws.

Bylaws of the Medical Staff of The Ohio State University Hospitals East

Amended

3335-45-02 Purpose.

The purpose of the medical staff of the Ohio state university hospitals east shall be:

(A) through (D) unchanged.

- (E) ~~There shall be only one category or classification of patients in the hospitals, and those patients are the private patients of the practitioner under whose care and medical responsibility they are admitted. Patients admitted to the hospital who, at the time of admission, have not requested or selected a member of the medical staff to attend them shall be assigned for their care and treatment by the chief of the appropriate clinical division or department or their designees to a member of the active medical staff. All patients admitted to the hospital should cooperate and be an integral part of the teaching program of the college of medicine and public health. Should a patient, or on the behalf of a patient, the patient's next of kin, or guardian, refuse to participate or cooperate in the teaching programs of the hospital or the college of medicine and public health, the medical staff responsible for the care and treatment of the patient will encourage participation in the teaching programs. Students, including pre- and post-M.D., but not limited thereto, are under the direction and control of the members of the medical staff to whom the patient is assigned upon admission to or transfer within the hospitals' services. (B/T 5/7/99, B/T 11/7/2003)~~

3335-45-03 Patients.

- (A) The continuous care and treatment of individual patients is the medical responsibility of the member of the medical staff to whose care the patient is admitted or transferred within the Ohio state university hospitals east and to licensed health care professionals being granted clinical privileges under these bylaws.
- (B) There shall be only one category or classification of patients in the hospitals, and those patients are the private patients of the practitioner under whose care and medical responsibility they are admitted. Patients admitted to the hospital who, at the time of admission, have not requested or selected a member of the medical staff to attend them shall be assigned for their care and treatment by the chief of the appropriate clinical division or department or their designees to a member of the active medical staff.
- (C) All patients admitted to the hospital should cooperate and be an integral part of the teaching program of the college of medicine and public health. Should a patient, or on the behalf of a patient, the patient's next of kin, or guardian, refuse to participate or cooperate in the teaching programs of the hospital or the college of medicine and public health, the medical staff responsible for the care and treatment of the patient shall encourage participation in the teaching programs. Students, including pre- and post-M.D., but not limited thereto, are under the direction and control of the members of the medical staff to whom the patient is assigned upon admission to or transfer within the hospitals' services.

~~3335-45-03~~ 3335-45-04 Membership.

- (A) Unchanged.

(B) Qualifications for membership.

(1) Only practitioners licensed to practice in the state of Ohio who can document the following shall be qualified for medical staff membership:

(a) Unchanged.

(b) Board certification or active candidacy for board certification;

~~(b)~~(c) Adherence to the ethics of the practitioner's profession as defined by appropriate professional societies;

~~(c)~~(d) Good personal and professional reputation as established by appropriate references;

~~(d)~~(e) Satisfactory health status; and

~~(e)~~(f) Professional malpractice insurance coverage.

Adequate documentation must be presented to assure the medical staff and the board that any patient treated by the practitioner in the hospital ~~will~~ shall be given medical care according to professional standards, and that the efficient operation of the hospital ~~will~~ shall not be interfered with or compromised by the practitioner's care of patients within the hospital.

(2) No practitioner ~~will~~ shall be denied medical staff membership or clinical privileges on the basis of race, color, religion, sex, national origin, or, unless demonstrable ground exist, on the basis of age or handicap.

(C) Conditions of acceptance.

By accepting membership on the medical staff a practitioner agrees to the following terms and conditions:

(1) Unchanged.

(2) The applicant shall at the time of appointment be board certified in a medical specialty approved by the American medical association and American board of medical specialties, or other similarly applicable certifying board for doctors of osteopathy, or practitioners of podiatry, psychology, or dentistry. An applicant who is an active board candidate at the time of initial appointment, shall have three years from the date eligibility was first attained to become board certified. Board certification is a continuing requirement. Whenever recertification is required by an approved subspecialty board, applicants shall meet the terms of recertification. Failure to meet or maintain board certification or recertification shall result in immediate termination from the medical staff. This requirement may be waived by the board at the recommendation of the medical executive committee, upon recommendation of the credentialing committee or the medical director.

~~(2)~~(3) Unchanged.

~~(3)~~(4) Unchanged.

~~(4)~~(5) Unchanged.

~~(5)~~(6) Unchanged.

~~(6)~~(7) Unchanged.

~~(7)~~(8) Unchanged.

~~(8)~~(9) Unchanged.

~~(9)~~(10) Unchanged.

~~(10)~~(11) Unchanged.

~~(11)~~(12) Unchanged.

~~(12)~~(13) Unchanged.

~~(13)~~(14) The practitioner ~~will~~ shall respond in writing to requests within the reasonable time limits imposed by medical staff committees or external review bodies when so requested in a professional manner.

~~(14)~~(15) The practitioner ~~will~~ shall notify the medical director in writing of any illness or limitations that could adversely impact the delivery of patient care.

(D) Special conditions for medical staff membership.

- (1) Consistent with the purposes set forth in rule 3335-45-02 of the Administrative Code, the board may adopt special requirements or limitations, including but not limited to a faculty appointment as a condition for medical staff membership in particular clinical divisions or clinical departments of the hospital.

If faculty membership is a condition of continued medical staff membership, the loss or non-renewal of such faculty appointment ~~will~~ shall result in an automatic and immediate termination of membership and clinical privileges pursuant to paragraph (E) of rule ~~3335-45-07~~ 3335-45-08 of the Administrative Code.

- (2) In the interests of balanced teaching and patient care, the chief of the clinical department may, following consultation with the dean of the applicable college, the chief executive officer, the medical director, and with the concurrence of the executive committee, restrict admissions. Imposition of such restriction shall not give rise to any right of appeal or grievance permitted by these rules.

- (3) The board may authorize contracts or clinical privileges to a practitioner or group of practitioners to permit them to provide exclusive professional or medical services at the hospital.

- (4) Exclusion of any medical staff member or licensed health care professional from participation in any federal or state government program or suspension from participation, in whole or part, in any federal or state government reimbursement program, shall result in immediate termination of membership on the medical staff of the Ohio state university hospitals east and the immediate termination of clinical privileges at the Ohio state university hospitals east as of the effective date of the exclusion or suspension. If the medical staff member's or licensed health care professional's participation in these programs is fully reinstated, the affected medical staff member or licensed health care professional shall be eligible to apply for membership and clinical privileges at that time. It shall be the duty of all medical staff members and licensed health care professionals to promptly inform the medical

director of any action taken, or the initiation of any process which could lead to such action taken by any of these programs.

- (5) Any medical staff member whose membership has been terminated pursuant to paragraph (C)(2) or (D)(4) of this rule shall not be entitled to request a hearing and appeal in accordance with rule 3335-45-09 of these bylaws. Any licensed health care professional whose clinical privileges have been terminated pursuant to paragraph (D)(4) of this rule may not request an appeal in accordance with paragraph (G)(11) of rule 3335-45-07 of the Administrative Code. (B/T 5/7/99, B/T 11/7/2003)

~~3335-45-04~~ 3335-45-05 Appointment and reappointment.

(A) Initial application.

- (1) A practitioner making initial application for medical staff membership shall submit a written and signed application, on a form prescribed by the medical director, to the medical director. action on the application is withheld until the information is verified and the applicant satisfies requirements of rule ~~3335-45-03~~ 3335-45-04 of the Administrative Code.

(2) and (3) unchanged.

- (4) A completed application shall include, and the applicant shall have the burden to provide, at a minimum, the following information:

(a) and (b) unchanged.

- (c) ~~The applicant shall at the time of appointment be board certified in a medical specialty approved by the American medical association and American board of medical specialties, or other similarly applicable certifying board for doctors of osteopathy, or practitioners of podiatry, psychology, or dentistry. An applicant who is an active board candidate at the time of initial appointment, shall have three years from the date eligibility was first attained to become board certified. Board certification is a continuing requirement. Whenever recertification is required by an approved subspecialty board, applicants shall meet the terms of recertification. Failure to meet or maintain board certification or recertification shall result in immediate termination from the medical staff. This requirement may be waived by the board at the recommendation of the medical executive committee, upon recommendation of the credentials committee or the medical director~~ Board certification or active candidacy for board certification;

(d) through (h) unchanged.

- (i) Agreement to disclose any instance in which the practitioner has at any time experienced the restriction, suspension, revocation, fine or censure, denial, limitation, voluntary or involuntary relinquishment of any of the following: professional licensure, board certification or recertification, DEA registration, suspension or termination pursuant to paragraph (F) of rule ~~3335-45-07~~ 3335-45-08 of the Administrative Code, membership in any professional organization, medical staff membership or privileges, membership or privileges at any other health care facility, and membership or provider status in any state or federal health plan;

(j) through (t) unchanged.

- (u) The applicant's acknowledgment of the immunity from liability provisions of rule 3335-45-16 of the Administrative Code; ~~and~~
- (v) A recent photograph of the applicant; and
- (w) Verification of completion of annual educational requirement as set forth in the university integrity and HIPAA programs.

(B) Action on initial application.

- (1) Upon receipt of a timely, signed application for medical staff membership and clinical privileges, the medical director or designee shall review and verify the application for completeness. The medical director or designee ~~will~~ shall also access the appropriate primary sources, including contact the clearinghouse to determine whether or not any malpractice claims or adverse actions have ever been reported as to the applicant. Any information obtained shall be documented in the record of the applicant. An incomplete application shall be returned to the applicant for completion and resubmission. Upon determining that an application is complete, the medical director or designee shall transmit the completed application to the chief of each clinical department in which the applicant seeks clinical privileges and to the ~~credentials~~ credentialing committee.
- (2) ~~Upon receipt of a completed application, the chief of each clinical department or designee should review such application with the members of the clinical department at the next regularly scheduled meeting of the clinical department or any special meeting of the clinical department called for the purpose of reviewing the application. The chief of the clinical department shall make a recommendation to the credentials committee as to membership and the granting of the clinical privileges requested, and the scope of the privileges to be granted. The chief of the applicable clinical department shall be responsible for investigating and verifying the character, qualifications, and professional standing of the applicant by making inquiry of the primary source of such information and shall within thirty days of receipt of the signed application, submit a report of those findings along with a recommendation on membership and clinical privileges to the medical director of the Ohio state university hospitals east.~~
- (a) All reviewed applications, and any completed applications which are not reviewed, or for which a recommendation is not made by the clinical department or the chief of the clinical department on a timely basis ~~(on or about sixty days from the receipt of the completed application)~~, the completed application shall be forwarded to the medical director for presentation to the ~~credentials~~ credentialing committee. This action shall continue the applicant's ~~temporary status and~~ temporary status and privileges, if any, ~~however it~~ and creates no vested rights beyond the duration of the appointment processing period, only until such time as the processing of the application is concluded.
- (b) Time periods for processing an application are:
 - (i) Medical director verification and query and clinical departmental review - ~~sixty~~ thirty days.
 - (ii) ~~Credentials~~ Credentialing committee review and recommendation within thirty days ~~or ninety days~~ from submission of a completed application, ~~whichever is less~~ from the medical director.

- (iii) Medical executive committee review and recommendation within thirty days ~~or one hundred twenty days~~ from submission of a completed application, ~~whichever is less~~ and the report and recommendation of the credentialing committee.
- (iv) Board review and recommendation within thirty days ~~or one hundred fifty days~~ from submission of a completed application, ~~whichever is less~~ and recommendation of the medical executive committee.

All applications shall be acted upon by the Ohio state university hospitals board within one hundred twenty days of receipt of a completed application. These time periods are deemed guidelines only and do not create any right to have an application processed within these precise periods. These periods may be stayed or altered pending receipt and verification of further information requested from the applicant, or if the application is deemed incomplete at any time. If the procedural rights specified in rule 3335-45-08 of the Administrative Code are activated, the time requirements provided therein govern the continued processing of the application.

- (3) Upon receipt of a completed application, the ~~credentials~~ credentialing committee shall proceed to:

- (a) through (c) unchanged.

- (4) The ~~credentials~~ credentialing committee shall make a written report of its review to the medical executive committee. Such report shall include a recommendation that the applicant be:

- (a) through (c) unchanged.

If approved for appointment, the report of the ~~credentials~~ credentialing committee shall include delineation of the applicant's clinical privileges.

If the application is deferred or rejected, the report of the ~~credentials~~ credentialing committee shall include the reason for deferral or rejection.

(C) Medical executive committee action on initial appointment.

- (1) The medical executive committee ~~will~~ shall consider the report of the ~~credentials~~ credentialing committee and determine the recommendations to be made to the board at the board's next regularly scheduled meeting. The medical executive committee's recommendation shall be transmitted to the board through the medical director, and it shall be the responsibility of the medical director to send any required notices to the applicant.
- (2) If the recommendation of the medical executive committee is that the applicant should be appointed to the medical staff, the medical executive committee shall also specifically recommend the clinical privileges to be granted, including any limitations to be imposed upon such clinical privileges. The medical executive committee ~~will~~ shall also recommend the clinical department(s) and the staff category to which the applicant ~~will~~ shall be assigned.
- (3) If the recommendation of the medical executive committee is to defer action on the application for further consideration, the medical executive committee must specify the specific procedures that ~~will~~ shall be pursued to make a subsequent

recommendation on the applicant's acceptance, rejection, or limitation of privileges.

- (4) If the medical executive committee's recommendation is that the applicant should be rejected for medical staff membership, or that the clinical privileges granted to the applicant should be less than requested by the applicant, the medical director shall promptly notify the applicant by certified mail, return receipt requested, of the medical executive committee's recommendation and of his or her appeal rights under rule ~~3335-45-08~~ 3335-45-09 of the Administrative Code. No such adverse recommendation shall be transmitted to the board until the applicant has exercised or has been deemed to waive his or her rights of appeal pursuant to rule ~~3335-45-08~~ 3335-45-09 of the Administrative Code.
- (D) Action of the board on initial application.
- (1) If the application in question is not subject to an appeal pursuant to rule ~~3335-45-08~~ 3335-45-09 of the Administrative Code, at the next regularly scheduled meeting of the board after the medical executive committee has forwarded its recommendation, the board shall act upon the application. The board may either accept the recommendation of the medical executive committee, or reject or modify the recommendation of the medical executive committee. If the decision of the board is contrary to the recommendation of the medical executive committee, the board shall submit the matter to the joint conference committee for its review and recommendation and shall consider such recommendation before making its final decision.
 - (2) If the recommendation of the medical executive committee has been appealed pursuant to rule ~~3335-45-08~~ 3335-45-09 of the Administrative Code, but the applicant has not requested appellate review by the board of the hearing committee's decision (see ~~paragraphs (I) and (J)~~ paragraph (E) of rule ~~3335-45-08~~ 3335-45-09 of the Administrative Code), at the next regularly scheduled meeting of the board after the hearing committee or hearing officer has forwarded its decision, the board ~~will~~ shall consider the hearing committee's or hearing officer's decision and the recommendation of the medical executive committee, and act upon the application. If the decision of the board is contrary to the original recommendation of the medical executive committee and is adverse to the practitioner, the practitioner shall be entitled to the due process rights of rule ~~3335-45-08~~ 3335-45-09 of the Administrative Code.
 - (3) If the recommendation of the medical executive committee has been appealed pursuant to rule ~~3335-45-08~~ 3335-45-09 of the Administrative Code, and the applicant has requested appellate review of the hearing committee's or hearing officer's decision by the board, the decision of the board on appellate review pursuant to rule ~~3335-45-08~~ 3335-45-09 of the Administrative Code shall be the board's action on the initial application.
 - (4) Unchanged.
 - (5) The application shall be forwarded together with a recommendation by the professional affairs, research and education committee for approval, modification, or rejection of application for privileges by the Ohio state university hospitals board ~~and in like fashion by the Ohio state university hospitals board to the board of trustees of the Ohio state university~~ for final action. When the Ohio state university hospitals board has acted, the chairperson of the board shall instruct the medical director to transmit the final decision to the chief of the clinical department and applicant and, if appropriate, to the director of the clinical division. The chairperson of the board shall also notify the executive director of Ohio state university hospitals east of the

decision of the board.

(E) Term of appointment.

- (1) The board ~~will~~ shall make all appointments to the medical staff. Appointments shall be for two years, provided that all initial appointments shall be provisional in nature with the exception of the peer review medical staff, as per paragraph (B)(4)(d) of rule ~~3335-45-07~~ 3335-45-08 of the Administrative Code, initial appointments, except for the honorary and limited categories, ~~will~~ shall be provisional for six months regardless of the date of the appointment. Full appointment requires the evaluation of the department chair. If, after the six-month period, the department chair does not recommend the provisional appointee for full appointment, medical staff membership and clinical privileges may be terminated. In the event that an adverse action is taken against a provisional appointee, the provisional appointee shall be entitled to the provisions of due process as outlined in these bylaws. Thereafter, the member ~~will~~ shall be subject to reappointment as set forth in paragraph (F) of this rule.
- (2) Notwithstanding the provisions of this paragraph, the clinical privileges and medical staff membership of any practitioner are subject to continuous review and reconsideration pursuant to these medical staff bylaws and the practitioner's privileges may be suspended or revoked at any time pursuant to rule ~~3335-45-07~~ 3335-45-08 of the Administrative Code, and the applicable provisions of the governing documents of the board.

(F) Reappraisal and reappointment.

- (1) Each member of the medical staff ~~will~~ shall be reappointed, at a minimum, on a biennial basis (every two years). The ~~credentials~~ credentialing committee shall begin to conduct its review one hundred eighty days prior to the end of the biennial period, and consider all pertinent information available on each member whose biennial term expires at the end of the medical staff year for the purpose of making a recommendation on the member's reappointment to the medical staff and for granting of clinical privileges during the term of such reappointment.
- (2) It shall be the practitioner's obligation to provide all information requested by the ~~credentials~~ credentialing committee on or before the date specified in the request. Such date shall not be less than thirty days from the date of the request for information. An incomplete application for reappointment shall be returned to the applicant for completion and resubmission.
- (3) The ~~credentials~~ credentialing committee ~~will~~ shall initiate its review by requesting, in writing, a completed and signed reappointment application in a form as prescribed by the medical director containing at least in the following information from the member:
 - (a) through (c) unchanged.
 - (d) Any instance in which an allegation of malpractice has been filed, or a settlement, ~~judgement~~ judgment, dismissal, or other malpractice action result has occurred against the practitioner since the practitioner's last reappointment.
 - (e) and (f) unchanged.
 - (g) Failure, without good cause as determined by the ~~credentials~~ credentialing committee, to submit a timely reappointment application or to provide requested information shall be deemed a voluntary resignation from the

medical staff and shall result in automatic termination of membership and all clinical privileges. The termination of medical staff membership and privileges on this basis shall not be deemed an adverse action and shall not give rise to the due process rights of rule ~~3335-45-08~~ 3335-45-09 of the Administrative Code.

(4) Leave of absence.

(a) A request for a leave of absence from the medical staff shall be submitted in writing to the medical director and the chief of the clinical department stating the exact period of the time of leave, which may not exceed one year. Leave of absence from the faculty shall be as provided by university rules and policies. An application for reappointment shall be submitted following a leave of absence from the medical staff and/or from the faculty and be processed as provided in this paragraph.

(b) A member of the medical staff who takes a leave of absence for medical reasons has the duty to disclose to his or her chief of clinical department and the medical director any medical leave of absence that may potentially impact his or her ability to discharge his or her clinical and teaching responsibilities. Upon return from a leave of absence for medical reasons the medical staff member must demonstrate his or her ability to exercise his or her clinical privileges upon return to clinical activity. The credentialing committee, the medical director, the chief of the clinical service or the medical executive committee shall have the authority to require any documentation, including advice and consultation from the committee for physician health that might have a bearing on the medical staff member's ability to carry out the clinical and educational responsibilities for which the medical staff member is seeking privileges.

(5) The ~~credentials~~ credentialing committee ~~will~~ shall obtain, at a minimum, the following information from the chief of each clinical department in which the member has such privileges:

(a) through (i) unchanged.

(6) The ~~credentials~~ credentialing committee ~~will~~ shall request the medical director to contact the clearinghouse to determine if any malpractice claims or adverse actions have ever been reported as to the practitioner applying for reappraisal and reappointment. Any information obtained from such clearinghouse shall be documented in the record of the practitioner being reviewed and, upon request of the practitioner, shall be available to the practitioner for review and copying.

(7) The ~~credentials~~ credentialing committee shall review peer recommendations and the information provided by the member and other persons and make any investigation it determines necessary and submit a written recommendation to the medical executive committee on whether to reappoint the member and the extent of privileges, if any, to be granted. Such written recommendation shall be submitted to the medical executive committee for action at its next meeting and to the board at its next meeting after the medical executive committee meeting. When the decision of the medical executive committee results in a decision of non-reappointment or reduction, suspension or revocation of clinical privileges, the medical executive committee shall instruct the medical director to give written notice to the affected member of the decision, the stated reason for the decision, and the member's right to a hearing pursuant to these bylaws. This notification and an opportunity to exhaust the appeal process shall occur prior to an adverse decision unless the provisions

outlined in these bylaws apply. The notice by the medical director shall be sent certified return receipt mail to the affected member's last known address as determined by the Ohio state university records. If the affected member of the medical staff does not make a written request for a hearing to the medical director within thirty-one days after receipt of the adverse decision, it shall be deemed a waiver of the right to any hearing or appeal as provided in these bylaws to which the staff member might otherwise have been entitled on the matter. If a timely, written request for hearing is made, the procedures set forth in these bylaws shall apply.

(8) and (9) unchanged.

(G) Unchanged. (B/T 5/7/99, B/T 10/5/2000, B/T 11/7/2003)

~~3335-45-05~~ 3335-45-06 Categories of the medical staff.

(A) The medical staff.

The medical staff is divided into honorary medical staff, consulting medical staff, active medical staff, courtesy medical staff, limited staff, and peer review categories.

(B) The honorary medical staff.

- (1) The honorary medical staff ~~will~~ shall be composed of those individuals who hold emeritus faculty status and who are recognized for outstanding reputation, notable scientific and professional contributions, and high professional stature. Nomination may be made to the medical director who shall present the candidate to the medical executive committee for approval.

Members of the honorary medical staff shall have access to the medical center and be given notice of all medical staff activities and meetings, however, they shall not be required to attend staff meetings and their medical staff dues shall be waived. They shall enjoy all privileges and responsibilities of active medical staff appointments except the right to vote or hold elected office in the medical staff organization.

- (2) The honorary medical staff shall be composed of active and non-active members. Those members who do not desire to exercise clinical privileges ~~will~~ shall make written notice to the medical director who ~~will~~ shall forward the applications with recommendations to the ~~credentials~~ credentialing committee, which shall have the discretion to waive portions of the customary application process. For those members of the honorary medical staff who desire clinical privileges, full credentialing procedures must be followed.
- (3) Members of the honorary medical staff of the former Park medical center who do not desire clinical privileges ~~will~~ shall be granted honorary medical staff membership at the hospital.

(C) The consulting medical staff.

- (1) The consulting medical staff consists of practitioners with ability in their respective specialties, who have qualifications and who have demonstrated and signified their willingness to respond to requests for consultation.
- (2) Members of the consulting medical staff:
 - (a) through (d) unchanged.

- (D) The active medical staff.
- (1) Unchanged.
 - (2) Members of the active medical staff:
 - (a) through (e) unchanged.
 - (f) Are strongly encouraged to attend ~~at least fifty per cent of~~ the general medical staff meetings and ~~fifty per cent of~~ the meetings of committees and clinical departments of which they are members.
 - (g) Unchanged.
 - (h) Supervise members of the limited staff in the provision of patient care in accordance with accreditation standards and policies and procedures of approved clinical training programs. It is the responsibility of the attending physician to authorize each member of the limited staff to perform only those services which the limited staff member is competent to perform under supervision.
- (E) The courtesy medical staff.
- (1) Unchanged.
 - (2) Members of the courtesy medical staff:
 - (a) through (c) unchanged.
 - (d) Are not eligible for elected medical staff positions (except as stated under paragraph (G)(3) of rule ~~3335-45-10~~ 3335-45-11 of the Administrative Code).
 - (e) Unchanged.
 - (f) Have no vote in medical staff affairs unless appointed to a medical staff committee (except as stated under paragraph (E) of rule ~~3335-45-11~~ 3335-45-12 of the Administrative Code); and
 - (g) Unchanged.
- (F) The limited ~~medical~~ staff.
- Limited staff are not considered full members of the medical staff, do not have delineated clinical privileges and do not have the right to vote in general medical staff elections. Except where expressly stated, members of the limited staff are bound by the terms of these bylaws, the rules and regulations of the medical staff, and the limited staff agreement.
- (1) ~~Members of the limited medical staff are those practitioners who are participating in either a clinical rotation at the hospital as part of their residency training or a fellowship program~~ Qualifications:
 - (a) ~~Conducted by practitioners of the medical staff in good standing; and~~ The limited staff shall consist of doctors of medicine, osteopathic medicine, dentists and practitioners of podiatry or psychology who are accepted in

good standing by a program director into a post-doctoral graduate medical education program and appointed to the limited staff in accordance with these bylaws.

- (b) Approved by the medical executive committee and the board The limited staff shall maintain compliance with the requirements of state law, including regulations adopted by the Ohio state medical board, or the limited staff member's respective licensing board.
- (c) Members of the limited staff shall possess a valid training certificate or an unrestricted Ohio license from the applicable state board based on eligibility criteria defined by that state board. All members of the limited staff shall be required to successfully obtain an Ohio training certificate prior to beginning training within a program.

(2) Members of the limited medical staff category Responsibilities:

Each member of the limited staff shall:

- (a) Cannot admit patients Be responsible to respond to all questions and to complete all forms as may be required by the credentialing committee.
- (b) May provide routine and emergency patient care under the supervision of a member of the medical staff Participate fully in the teaching programs, conferences, and seminars of the clinical department in which he or she is appointed in accordance with accreditation standards and policies and procedures of the graduate medical education committee and approved clinical training programs.
- (c) Are not eligible for elected medical staff positions Participate in the care of all patients assigned to the limited staff member under the appropriate supervision of a designated member of the attending or courtesy medical staff in accordance with accreditation standards and policies and procedures of the clinical training programs. The clinical activities of the limited staff shall be determined by the program director appropriate for the level of education and training. Limited staff shall be permitted to perform only those services that they are authorized to perform by the member of the attending or courtesy medical staff based on the competence of the limited staff to perform such services. The limited staff may admit or discharge patients only when acting on behalf of the attending or courtesy medical staff. The limited staff member shall follow all rules and regulations of the service to which the limited staff member is assigned, as well as the general rules of the Ohio state university hospitals pertaining to limited staff. Specifically, a limited staff member shall consult with the attending or courtesy member of the medical staff responsible for the care of the patient before the limited staff member undertakes a procedure or treatment that carries a significant, material-risk to the patient unless the consultation would cause a delay that would jeopardize the life or health of the patient.
- (d) Have no vote in medical staff affairs Serve as a member of various medical staff committees in accordance with established committee composition as described in these bylaws and/or the rules and regulations of the medical staff. The limited staff member shall not be eligible to vote or hold elected office in the medical staff organization but may vote on committees to which the limited staff member is assigned.

- (e) ~~Are not required to attend medical staff meetings~~ Be expected to make regular satisfactory professional progress including anticipated certification by the respective specialty or sub-specialty program of post-doctoral training in which the limited staff member is enrolled. Evaluation of professional growth and appropriate humanistic qualities shall be made on a regular schedule by the clinical departmental chief, program director, teaching faculty or evaluation committee in accordance with accreditation standards and policies and procedures of the approved training programs.
 - (f) ~~Are not required to pay dues~~ Appeal by a member of the limited staff of probation, lack of reappointment, suspension or termination for failure to meet expectations for professional growth or failure to display appropriate humanistic qualities or failure to successfully complete any other competency as required by the accreditation standards of an approved training program will be conducted and limited in accordance with written guidelines established by the respective department or training program and approved by the medical director and the Ohio state university hospitals graduate medical education committee as delineated in the limited staff agreement.

Alleged misconduct by a member of the limited staff, for reasons other than failure to meet expectations of professional growth as outlined above, shall be handled in accordance with rules 3335-45-08 and 3335-45-09 of the Administrative Code.
 - (g) ~~Clinical privileges will be immediately terminated without appeal when the limited medical staff member is no longer a participant in the residency or fellowship program.~~
 - (h) ~~They shall follow all rules of the clinical department to which they are assigned, as well as hospital rules, including but not limited to requirement that consultation shall be obtained with the active medical staff member responsible for the care of the patient before undertaking a procedure or treatment that carries a significant risk to the patient, unless this consultation would cause a delay that would jeopardize the life or health of the patient.~~
 - (i) ~~They will be expected to make satisfactory professional progress within their training program. failure to meet reasonable educational or academic expectations shall be reported to the chief of the clinical department who shall forward such failure to their residency program director and thereafter corrective action or sanction shall occur within the academic programs as established by the Ohio state university and the university limited medical staff contract.~~

~~However, allegations of patient care misconduct which fall outside of the professional educational standards, shall be handled in accordance with these rules.~~
 - (j) ~~All members of the limited medical staff, with the exception of dentistry, shall make written application for an Ohio license within one year after becoming eligible, and shall thereafter obtain and maintain licensure in Ohio during the term of their postdoctoral education.~~
- (3) ~~Privileges remain in effect until the completion or termination of the residency training program or fellowship at which time the physician in this category is required to apply for provisional staff privileges if he/she wishes to continue on the medical staff~~

Failure to meet reasonable expectations.

Failure to meet reasonable expectations may result in sanctions including but not limited to probation, lack of reappointment, suspension or termination. Termination of limited staff member status shall result in automatic termination of the limited staff member's residency or fellowship appointment pursuant to these bylaws.

- (4) ~~Nothing in this rule shall limit the ability of the medical director or designee to grant temporary privileges pursuant to paragraph (F) of rule 3335-45-06 of the Administrative Code~~ Temporary appointments.

(a) Limited staff members who are Ohio state university faculty may be granted an early commencement or an extension of appointment upon the recommendation of the chief of the clinical department, with prior concurrence of the medical director, when it is necessary for the limited staff member to begin his or her training program prior to or extend his or her training program beyond a regular appointment period. These appointments shall not exceed sixty days.

(b) Temporary appointments may be granted upon the recommendation of the chief of the clinical department, with prior concurrence of the medical director, for limited staff members who are not Ohio state university faculty but who, pursuant to education affiliate agreements approved by the university, need to satisfy approved graduate medical education clinical rotation requirements. These appointments shall not exceed a total of one hundred twenty days in any given post-graduate year. In such cases, the mandatory requirement for a faculty appointment may be waived. All other requirements for limited staff member appointment must be satisfied.

- (5) ~~When the limited medical staff member no longer participates in the training program, all clinical privileges cease without rights of appeal~~ Supervision.

Limited staff members shall be under the supervision of an attending or courtesy medical staff member. Limited staff members shall have no privileges as such but shall be able to care for patients under the supervision and responsibility of their attending or courtesy medical staff member. The care they extend will be governed by these bylaws and the general rules and regulations of each clinical department. The practice of care shall be limited by the scope of privileges of their attending or courtesy medical staff member. Any concerns or problems that arise in the limited staff member's performance should be directed to the attending or courtesy medical staff member or the director of the training program.

(a) Limited staff members may write orders for the care of patients under the supervision of the attending or courtesy medical staff member.

(b) All records of limited staff member cases must document involvement of the attending or courtesy medical staff member in the supervision of the patient's care to include co-signature of the history and physical operative report, and discharge summary.

- (G) Staff promotions.

- (1) Any requests for advancement in medical staff category shall be made in writing to the medical director or designee. All requests for advancement shall be processed in the same manner as an application for initial appointment as set forth in paragraphs (B) to (D) of rule ~~3335-45-04~~ 3335-45-05 of the Administrative Code.

- (2) Unchanged.
- (H) Peer review medical staff.
 - (1) Unchanged.
 - (2) Members ~~will~~ shall generally be appointed for a specific and time limited peer review tasks.
 - (3) and (4) unchanged. (B/T 5/7/99, B/T 10/5/2000, B/T 11/7/2003)

~~3335-45-06~~ 3335-45-07 Clinical privileges.

(A) Delineation of clinical privileges.

- (1) Every practitioner practicing at the hospital by virtue of medical staff membership or under authority granted in these rules shall be entitled to exercise only those clinical privileges specifically applied for and granted to the practitioner by the board, except as provided for in this rule. Request for the exercise and delineation of clinical privileges must be made as part of each application for appointment or reappointment to the medical staff on the approved forms provided by the medical executive committee. Requests must be submitted in accordance with rule ~~3335-45-04~~ 3335-45-05 of the Administrative Code and ~~will~~ shall be reviewed in accordance with the provisions of rule ~~3335-45-04~~ 3335-45-05 of the Administrative Code.
- (2) Each clinical department ~~will~~ shall develop clinical criteria and standards for the evaluation of privileges as provided for in rule ~~3335-45-04~~ 3335-45-05 of the Administrative Code and paragraph (B)(4)(d) of rule ~~3335-45-12~~ 3335-45-13 of the Administrative Code with emphasis on invasive or therapeutic procedures or treatment which presents significant risk to the patient or for which specific professional training or experience is required. Requests for clinical privileges ~~will~~ shall be evaluated based upon the applicant's education, training, experience, demonstrated competence, references, and other relevant information, including the direct observation and review of records of the applicant's performance by the clinical department in which the privileges are exercised. Whenever possible, the review should be a primary source of information. The applicant has the burden of establishing the qualifications for the privileges requested.

(3) and (4) unchanged.

(B) Special privileges.

Under special circumstances, privileges at the hospital may be granted to a doctor of medicine, osteopathic medicine, dental surgery, and to a practitioner of psychology or podiatry by the medical director with the concurrence of the chief of the clinical department or designee where the practitioner is to exercise privileges. The extent of privileges ~~will~~ shall be governed by the applicant's training and experience and ~~will~~ shall be in keeping with clinical department guidelines. The duration of privileges ~~will~~ shall be determined by the medical director. The granting and delineation of privileges shall be consistent with the application procedures for clinical privileges set forth in these rules.

Special privileges may be extended upon the recommendation of the chief of the clinical department, with the concurrence of the medical director, only for members of the limited staff who are not employed by the hospital, to permit them to satisfy approved graduate medical education clinical rotations of one hundred twenty days or less at the hospital. All

requirements for special privileges must be satisfied.

Special privileges ~~will~~ shall be extended to visiting medical faculty or for special activities as provided by the state medical or dental boards.

(C) Podiatric privileges.

All patients admitted for podiatric care shall receive the same medical appraisal as all other hospitalized patients. A member of the medical staff who is a doctor of medicine or osteopathic medicine shall co-admit the patient and be responsible for the history and physical and medical care that may be required at the time of admission or that may arise during hospitalization, and shall determine the need of any proposed procedure on the total health status of the patient. The podiatrist ~~will~~ shall be responsible for the podiatric care of the patient including the podiatric history and physical examination and all appropriate elements of the patient's record.

(D) Psychology privileges.

Psychologists shall be granted clinical privileges based upon their training, experience and demonstrated competence and judgment consistent with their license to practice. They ~~will~~ shall not prescribe drugs, or perform surgical procedures, or in any other way practice outside the area of their approved clinical privileges or expertise.

Psychologists may not admit patients to the hospital. In inpatient settings they may diagnose and treat a patient's psychological illness as part of the patient's comprehensive care. All patients admitted for psychological care shall receive the same medical appraisal as all other hospitalized patients. A member of the medical staff who is a doctor of medicine or osteopathic medicine shall admit the patient and be responsible for the history and physical and medical care that may be required during the hospitalization, and shall determine the appropriateness of any psychological therapy on the total health status of the patient. Psychologists may provide consultation within their area of expertise on the care of patients within university hospitals.

In outpatient settings, they ~~will~~ shall diagnose and treat their patient's psychological illness. They ~~will~~ shall ensure that their patients receive referral for appropriate medical care.

Psychologists ~~will~~ shall be responsible to the chief of the clinical department in which they are appointed.

(E) Dental privileges.

(1) Practitioners of dentistry, who have not been granted privileges as oral and maxillofacial surgeons, may admit patients to the hospital if such patients are being admitted solely to receive care which a dentist may provide without medical assistance, pursuant to the scope of the professional license of the dentist. Practitioners of dentistry and/or podiatry must, in all other circumstances co-admit patients with a physician member of the medical staff. A physician member of the medical staff will be responsible for any medical problems that the patient has while an inpatient of the hospital.

(2) A member of the medical staff who is a doctor of medicine or osteopathy:

(a) Shall be responsible for the history and physical and any medical problems that the patient has while an inpatient of the Ohio state university hospitals; and

(b) Shall confirm the findings, conclusions and assessment of risk prior to high risk diagnosis or therapeutic interventions defined by the medical staff.

(3) Practitioners of dentistry shall be responsible for the dental care of the patient including the dental history and physical examination and all appropriate elements of the patient's record.

(F) Oral and maxillofacial surgical privileges.

All patients admitted to the Ohio state university hospitals for oral and maxillofacial surgical care shall receive the same medical appraisal as all other hospitalized patients. Qualified oral and maxillofacial surgeons shall admit patients, shall be responsible for the plan of care for the patients, shall perform the medical history and physical examination, if they have such privileges, in order to assess the medical, surgical, and anesthetic risks of the proposed operative and other procedure(s), and shall be responsible for the medical care that may be required at the time of admission or that may arise during hospitalization.

(G) Other licensed health care professionals privileges.

(1) Clinical privileges may be exercised by licensed health care professionals who are duly licensed in the state of Ohio, and who are either:

(a) Members of the faculty of the Ohio state university, or

(b) Employees of the Ohio state university whose employment involves the exercise of clinical privileges, or

(c) Employees of members of the medical staff.

(2) A licensed health care professional as used herein, shall not be eligible for medical staff membership but shall be eligible to exercise those clinical privileges granted pursuant to these bylaws and in accordance with applicable Ohio state law. If granted such privileges under this rule and in accordance with applicable Ohio state law, other licensed health care professionals may perform all or part of the medical history and physical examination of a patient.

(3) Licensed health care professionals shall apply and re-apply for clinical privileges on forms prescribed by the medical executive committee and shall be processed in the same manner as provided in these bylaws.

(4) Licensed health care professionals are not members of the medical staff, shall have no authority to admit or co-admit patients to the Ohio state university hospitals, and shall not be eligible to hold office, to vote on medical staff affairs, or to serve on standing committees of the medical staff unless specifically authorized by the medical executive committee.

(5) Each licensed health care professional shall be individually assigned to a clinical department, or, if appropriate, to a member of the medical staff.

(6) Licensed health care professionals must comply with all limitations and restrictions imposed by their respective licenses, certifications, or legal credentials as required by Ohio law, and may only exercise those clinical privileges granted in accordance with provisions relating to their respective professions.

- (7) Only applicants who can document the following shall be qualified for clinical privileges as a licensed health care professional:
- (a) Current license, certification, or other legal credential required by Ohio law.
 - (b) Certificate of authority, standard care agreement, or utilization plan.
 - (c) Education, training, professional background and experience, and professional competence.
 - (d) Patient care quality indicators' definition for initial appointment. This data shall be in a format determined by the licensed health care professional subcommittee and the quality management department.
 - (e) Adherence to the ethics of the profession for which an individual holds a license, certification, or other legal credential required by Ohio law.
 - (f) Evidence of required immunization.
 - (g) Evidence of good personal and professional reputation as established by peer recommendations.
 - (h) Satisfactory physical and mental health to perform requested clinical privileges.
 - (i) Ability to work with members of the medical staff and the Ohio state university hospitals employees.
- (8) The applicant shall have the burden to produce documentation with sufficient adequacy to assure the medical staff and the Ohio state university hospitals that any patient cared for by the licensed health care professional seeking clinical privileges shall be given quality care, and that the efficient operation of the Ohio state university hospitals shall not be disrupted by the applicant's care of patients in the Ohio state university hospitals.
- (9) By applying for clinical privileges as a licensed health care professional, the applicant agrees to the following terms and conditions:
- (a) The applicant has read the bylaws and rules and regulations of the medical staff of the Ohio state university hospitals east and agrees to abide by all applicable terms of such bylaws and any applicable rules and regulations, including any subsequent amendments thereto, and any applicable Ohio state university hospitals east policies that the Ohio state university hospitals east may from time to time put into effect.
 - (b) The applicant releases from liability all individuals and organizations who provide information to the Ohio state university hospitals east regarding the applicant and all members of the medical staff, the Ohio state university hospitals staff, the Ohio state university hospitals board, and the Ohio state university board of trustees for all acts in connection with investigating and evaluating the applicant.
 - (c) The applicant shall not deceive a patient as to the identity of any practitioner providing treatment or service in the Ohio state university hospitals.

- (d) The applicant shall not make any statement or take any action that might cause a patient to believe that the licensed health care professional is a member of the medical staff.
 - (e) The applicant shall not perform any patient care in the Ohio state university hospitals that is not permitted under the applicant's license, certification, or other legal credential required under Ohio law.
 - (f) The applicant shall obtain and continue to maintain professional liability insurance in such amounts required by the medical staff.
- (10) Licensed health care professionals shall be subject to corrective action as outlined in this section for violation of these bylaws, their certificate of authority, standard of care agreement, utilization plan, or the provisions of their licensure, including professional ethics. Corrective action may be requested by any member of the medical staff, a chief of the clinical department, or by the medical director. All requests shall be in writing and shall be submitted to the medical director. The medical director shall appoint a three-person committee to review and make recommendations concerning appropriate corrective action. The committee shall consist of at least one licensed health care professional and one medical staff member. The committee shall make a written recommendation to the medical director, who may accept, reject, or modify the recommendation.
- (11) Appeal process.
 - (a) A licensed health care professional may submit a notice of appeal to the chairperson of the Ohio state university hospitals board within fourteen days of receipt of written notice of any adverse corrective action pursuant to these bylaws.
 - (b) If an appeal is not so requested within the fourteen-day period, the licensed health care professional shall be deemed to have waived the right to appeal and to have conclusively accepted the decision of the medical director.
 - (c) The appellate review shall be conducted on the record by the professional affairs, education and research committee of the Ohio state university hospitals board.
 - (d) The affected licensed health care professional shall have access to the reports and records, including transcripts, if any, of the hearing committee and of the medical executive committee and all other material, favorable or unfavorable, that has been considered by the medical director. The licensed health care professional shall submit a written statement indicating those factual and procedural matters with which the member disagrees, specifying the reasons for such disagreement. This written statement may cover any matters raised at any step in the procedure to which the appeal is related, and legal counsel may assist in its preparation. Such written statement shall be submitted to the professional affairs, education and research committee no later than seven days following the date of the licensed health care professional's notice of appeal.
 - (e) New or additional matters shall only be considered on appeal at the sole discretion of the professional affairs, education and research committee.
 - (f) Within thirty days following submission of the written statement by the licensed health care professional, the professional affairs, education and

research committee shall recommend to the Ohio state university hospitals board executive committee that the adverse decision be affirmed, modified or rejected, or to refer the matter back to the medical director for further review and recommendation. Such referral to the medical director may include a request for further investigation.

(g) Any final decision by the university hospitals board executive committee shall be communicated by the medical director and by certified return receipt mail to the last known address of the licensed health care professional as determined by university records. The medical director shall also notify in writing the senior vice president for health sciences, the dean of the college of medicine and public health, the executive director of the Ohio state university hospitals, the vice president for health services, and the chief of the applicable clinical department or departments. The medical director shall take immediate steps to implement the final decision.

(12) A medical staff member may employ or utilize the services of a non-licensed health care professional, professional assistant in the administration of patient care if this assistant has a defined job description, has received credentials review and approval by the appropriate hospital reviewing body, and is operating within existing standards, policies, and procedures of the Ohio state university hospitals. The medical staff member shall be responsible for all patient care activities performed on the medical staff member's behalf.

~~(F)~~(H) Temporary privileges.

(1) The medical director or designee, with the concurrence of the chief of the clinical department where the practitioner will be exercising clinical privileges, may grant temporary privileges to a practitioner under the following circumstances: Temporary privileges may be extended to a doctor of medicine, osteopathic medicine, dental surgery, psychologist, podiatry or to a licensed health care professional upon completion of an application prescribed by the medical executive committee, upon recommendation of the chief of the clinical department, and approval by the medical director. The medical director, acting as a member and on behalf of the university hospitals board, has been delegated responsibility by the university hospitals board to grant approval of temporary privileges. The temporary privileges granted shall be consistent with the applicant's training and experience and with clinical department guidelines. Prior to granting temporary privileges, primary source verification of licensure and current competence shall be required. Temporary privileges shall be limited to situations which fulfill an important patient-care need, and shall not be granted for a period of more than ninety days.

(a) When the medical director believes circumstances warrant granting temporary privileges to a practitioner during the processing of the practitioner's application for initial appointment or reappointment to the medical staff; or

(b) To a practitioner who is not an applicant for medical staff membership for the care of a specific patient. If the medical director and the chief of the applicable clinical department mutually agree that a practitioner's use of temporary privileges under this paragraph has become excessive, the medical director and the chief of the applicable clinical department may require that the practitioner apply for membership on the medical staff before attending additional patients in the hospital.

- (2) Temporary privileges may be extended to visiting medical faculty or for special activity as provided by the Ohio state medical or dental board.
- ~~(2)~~(3) All practitioners requesting temporary privileges must have a valid Ohio license and current malpractice insurance coverage. ~~The practitioner must provide evidence of current competence in the areas in which he or she is requesting privileges. The evidence of competency offered by the practitioner should then be verified at the primary source(s) prior to granting the privileges requested.~~
- ~~(3)~~(4) Unchanged.
- ~~(4)~~(5) Unchanged.
- ~~(5)~~(6) Unchanged.
- ~~(G)~~(I) Emergency privileges.
- (1) through (3) unchanged.
- (J) Disaster privileges.
- Disaster privileges may be granted by the medical director or his or her designee to fully licensed, qualified individuals who at the time of the disaster are not members of the medical staff in order to provide voluntary services during a local, state, or national disaster in accordance with hospital/medical staff policy. The medical director may seek the recommendation of the chief of the clinical department. These privileges shall be limited in scope and shall terminate once the disaster subsides or at the discretion of the medical director.
- (K) Telemedicine.
- Telemedicine involves the use of electronic communication or other communication technologies to provide or support clinical care at a distance. Diagnosis and treatment of a patient may now be performed via telemedicine link.
- (a) A member of the medical staff who wants to render care via telemedicine must so indicate on his or her application for clinical privileges.
- (b) Generally, a member of the medical staff shall be entitled to the same clinical privileges via telemedicine for which he or she has been granted privileges. The credentialing committee, the chief of the clinical service, the medical director or the medical executive committee shall have the prerogative of requiring documentation or making a determination of the appropriateness for the exercise of a particular specialty/sub-specialty via telemedicine. (B/T 5/7/99, B/T 10/5/2000, B/T 11/7/2003)
- ~~3335-45-07~~ 3335-45-08 Peer review and corrective action.
- (A) and (B) unchanged.
- (C) Investigation.
- (1) Upon its appointment, the ad hoc committee ~~will~~ shall immediately proceed to investigate, in any manner it deems appropriate, the allegations contained in the request for peer review. In conducting its investigation, the ad hoc committee may, but is not required to: interview the affected practitioner; interview any other individuals who may have information pertinent to the investigation; review any

relevant medical records; review any relevant quality improvement data or studies; obtain the review of the relevant medical records by an individual within the same or similar specialty as the affected practitioner; and undertake any other actions which are intended to provide information relevant to the investigation. The ad hoc committee shall attempt to determine the facts surrounding the request for peer review, and whether peer review is appropriate under the circumstances. If formal review is not necessary or appropriate, the ad hoc committee shall work with the affected practitioner and the person requesting the peer review to informally resolve the problems or concerns resulting in the request for peer review. The ad hoc committee's investigation and any interviews conducted shall not constitute a hearing and none of the procedural rules provided in these rules with respect to a hearing shall apply.

- (2) Within fourteen days after its appointment, or within ten days after its appointment in the case of a summary suspension under paragraph (E)(3)(b) of this rule, the ad hoc committee ~~will~~ shall prepare a written report of its investigation, factual findings and recommendations to the medical executive committee as to what action, if any, should be taken regarding the request for peer review. The ad hoc committee may recommend one or more of the following actions:

(a) through (d) unchanged.

In addition, in the case of a summary suspension under paragraph (E)(3)(b) of this rule, the ad hoc committee shall make a finding as to whether or not the practitioner's exercise of clinical privileges may result in an imminent danger to the health of any individual. If the ad hoc committee finds that the practitioner's exercise of privileges may result in such danger, the summary suspension shall continue in effect until the conclusion of the peer review process and any hearing and appeal. Otherwise, the summary suspension shall terminate by its own terms.

- (3) Unchanged.

(D) Action on ad hoc committee recommendations.

- (1) Unchanged.
- (2) The medical director shall notify the practitioner of the recommendation and, in the case of a recommendation which may adversely affect the practitioner's status as a member of the medical staff or exercise of clinical privileges, the right to a hearing under rule ~~3335-45-08~~ 3335-45-09 of the Administrative Code. Such notification shall be sent by certified mail, return receipt requested. The medical executive committee's recommendation shall not be transmitted to the board until the practitioner has exercised or waived the applicable hearing and appeal rights under rule ~~3335-45-08~~ 3335-45-09 of the Administrative Code.

(E) Summary suspension.

- (1) Upon the recommendation or concurrence of either the chief of a clinical department, the chief of staff, the medical executive committee or the board, the medical director may suspend all or a portion of the clinical privileges or terminate his or her appointment of a practitioner, effective immediately, without prior notice or opportunity for a hearing. Such a summary suspension shall be imposed when immediate action is necessary or appropriate in the best interest of the patients in the hospital or in the best interest and safety of medical staff members or hospital employees.

- (2) The medical director shall immediately give notice of such summary suspension or appointment termination to the affected practitioner by hand delivery and by certified mail, return receipt requested. In addition, the medical director shall notify the chief medical executive officer and the executive committee of the summary suspension.
 - (3) The medical executive committee shall review the summary suspension within seventy-two hours of its imposition and either:
 - (a) Lift the summary suspension;
 - (b) Maintain or modify the summary suspension for a total period of up to ten days while the investigation process set forth in paragraph (C) of this rule proceeds; or
 - (c) Maintain or modify the summary suspension for an indefinite period of time, until the conclusion of the peer review process and any hearing and appeal, based upon the medical executive committee's conclusion that the practitioner's exercise of clinical privileges may result in an immediate danger to the health of any individual. The medical executive committee shall treat the imposition of a summary suspension, whether or not it continues in effect, as a request for corrective action pursuant to this rule.
 - (4) Upon the imposition of a summary suspension, the medical director or the chief of the clinical department concerned shall have the authority to provide alternate coverage for patients of the suspended practitioner who are in the hospital at the time of the suspension. The wishes of the patients shall be considered in the selection of such alternative practitioner.
- (F) Automatic suspension or termination.
- (1) and (2) unchanged.
 - (3) Any medical staff member or licensed health care professional whose participation in any federally funded reimbursement program is terminated by those programs, or who is otherwise excluded or suspended from participation in whole or part in these programs for reasons of competency due to clinical competency or professional ethics or character, shall automatically relinquish all clinical privileges as of the effective date of the termination, exclusion or suspension. If the medical staff member's or licensed health care professional's participation in these programs is not fully reinstated by the expiration of the medical staff member's or licensed health care professional's then current reappointment term, the affected medical staff member or licensed health care professional ~~will~~ shall be deemed to have relinquished all clinical privileges at that time. It shall be the duty of all medical staff members and licensed health care professionals to promptly inform the medical director of any action taken, or the initiation of any process which could lead to such action taken by any of these programs.
 - (4) A practitioner who fails to report to the hospital any restriction or condition identified in paragraph (A)(4)(i) of rule ~~3335-45-04~~ 3335-45-05 of the Administrative Code within thirty days of imposition shall result in automatic termination of medical staff membership and clinical privileges.
 - (5) An automatic suspension of all of a practitioner's admitting and clinical privileges (except with regard to the practitioner's current inpatients) may be imposed by the medical director for failure to complete medical records in a timely fashion as defined by the medical staff rules and regulations. Such suspension shall remain in effect

until such time as all delinquent medical records have been completed and filed with the medical ~~records department~~ information management of the hospital as determined by the medical director. Repeated failure to complete medical records within the time limits specified in the medical staff rules and regulations may result in the filing of a request for peer review against the practitioner.

- (6) Any practitioner who fails to submit a timely and complete reappointment application or to provide information requested by the ~~credentials~~ credentialing committee during the reappointment process as described in paragraph (F) of rule ~~3335-45-04~~ 3335-45-05 of the Administrative Code shall be deemed to have voluntarily resigned from the medical staff and shall result in the automatic termination of membership and all clinical privileges upon expiration of the practitioner's then current grant of medical staff membership and clinical privileges.
- (7) and (8) unchanged.
- (9) A practitioner's admitting privileges may be temporarily restricted pursuant to paragraph (D) of rule ~~3335-45-03~~ 3335-45-04 of the Administrative Code in the interests of balanced teaching and patient care.
- (10) Loss or non-renewal of faculty appointment if required as a condition of medical staff membership or clinical privileges ~~will~~ shall result in an automatic and immediate termination of medical staff membership or clinical privileges.
- (11) Failure to meet or maintain board certification or recertification as required in paragraph (A)(4)(c) of rule ~~3335-45-04~~ 3335-45-05 of the Administrative Code shall result in automatic and immediate termination of medical staff membership unless waived in accordance with these rules.
- (12) A practitioner under automatic suspension by operation of this paragraph shall not be entitled to the procedure rights provided in rule ~~3335-45-08~~ 3335-45-09 of the Administrative Code. Such suspension is not the result of any adverse professional review action or recommendation of the board, the staff, or any committee or department.
- (13) Any practitioner's clinical privileges automatically suspended under (F)(1) or (F)(2) of this paragraph shall not, by the passage of time or the curing of the event which gave rise to automatic suspension, be automatically reinstated. Instead, in order to regain clinical privileges, such practitioners shall be required to file an application for medical staff membership and clinical privileges which application shall be processed as provided in rule ~~3335-45-04~~ 3335-45-05 of the Administrative Code. (B/T 5/7/99, B/T 10/5/2000, B/T 11/7/2003)

~~3335-45-08~~ 3335-45-09 Hearing and appellate review.

- (A) ~~Definitions~~ Right to hearing and to an appeal.

~~The following terms shall have these meanings when used in this article, unless otherwise specified:~~

- (1) ~~"Notice" means written notice sent by certified mail, return receipt requested~~ When a member of the medical staff who has exhausted all remedies under paragraphs (E) and (F) of rule 3335-45-05 of the Administrative Code on appointment or reappointments; or under rule 3335-45-08 of the Administrative Code for corrective action; or who has been summarily or automatically suspended under paragraph (E) or (F) of rule 3335-45-08 of the Administrative Code; or who receives notice of a

proposed action that will adversely affect membership on the medical staff or the exercise of clinical privileges, or whose membership has been immediately terminated under paragraph (C)(2) or (D)(4) of rule 3335-45-04 of the Administrative Code, the staff member shall be entitled to an adjudicatory hearing.

(2) ~~"Adverse professional review recommendation or action" refers to a recommendation or action by the medical executive committee or an action by the board, which may adversely affect the practitioner's appointment to or status as a member of the medical staff or the practitioner's exercise of clinical privileges. All hearings and appeals shall be in accordance with the procedural safeguards set forth in this rule to assure that the affected medical staff member is accorded all rights to which the member is entitled.~~

(3) ~~"Parties" shall mean the affected practitioner and either the member of the medical executive committee designated to represent the medical executive committee's position in the case of a hearing on an adverse professional review recommendation or decision by the medical executive committee, or the member of the board designated to represent the board position in the case of a hearing on an adverse professional review decision of the board.~~

(B) ~~Adverse professional review recommendation or action~~ Request for hearing.

~~A practitioner shall be entitled to a hearing pursuant to the provisions of these rules only after an adverse professional review recommendation or adverse professional review action involving:~~

(1) ~~Denial of initial appointment to staff status, except where the application does not meet the minimum objective requirements set forth in rule 3335-45-03 of the Administrative Code for medical staff membership. The request for a hearing shall be submitted in writing by the affected medical staff member to the medical director within thirty-one days of notification by the medical director of the intended action. The medical director shall forward the request to the medical executive committee along with instructions to convene a hearing.~~

(2) ~~Denial of reappointment. The failure of a medical staff member to request a hearing, to which the member is entitled by these bylaws within the time and in the manner herein provided, shall be deemed a waiver of the right to any review by the medical executive committee. The medical director shall then implement the decision and that action shall become and remain effective against the medical staff member in the same manner as a final decision of the Ohio state university hospitals board as provided for in paragraph (F) of this rule. The medical director shall promptly inform the affected medical staff member that the proposed decision, which had entitled the medical staff member to a hearing, has now become final.~~

(3) ~~Summary suspension of staff status.~~

(4) ~~Revocation or termination of staff status, except where continued appointment to the medical staff was contingent upon continuance of a contractual relationship with the hospital.~~

(5) ~~Denial of requested advancement in staff status.~~

(6) ~~Reduction in staff status.~~

(7) ~~Denial of requested clinical privileges.~~

- (8) ~~Reduction in clinical privileges.~~
 - (9) ~~Summary suspension of clinical privileges.~~
 - (10) ~~Revocation of clinical privileges.~~
 - (11) ~~Requirement of consultation, supervision or monitoring which restrict the clinical privileges of the practitioner or the delivery of professional services to patients.~~
 - (12) ~~Non-reinstatement of staff status of clinical privileges after a leave of absence.~~
 - (13) ~~Such other actions which constitute a reportable adverse professional review decision under the Healthcare Quality Improvement Act of 1986 as amended, or state law.~~
 - (14) ~~Notwithstanding the foregoing, none of the following actions or recommendations shall be "adverse professional review actions or recommendations" entitling a practitioner to the due process rights of this rule:~~
 - (a) ~~Requirements of consultation, supervision or monitoring which are imposed on a practitioner but do not restrict the clinical privileges of the practitioner or the delivery of professional services to patients.~~
 - (b) ~~Automatic suspensions or terminations pursuant to paragraph (E) of rule 3335-45-07 of the Administrative Code.~~
 - (c) ~~Actions by the medical executive committee adopting a sanction as described in paragraphs (C)(2)(d)(i) or (C)(2)(d)(ii) of rule 3335-45-07 of the Administrative Code.~~
 - (d) ~~Denial, termination or reduction of temporary privileges.~~
 - (e) ~~Denial of an initial appointment to staff status because responses from references and from other requests for information have not been received in a timely manner; and denial of reappointment because responses from any references required and asked to provide information and from other requests for information have not been received in a timely manner.~~
 - (f) ~~Denial of reappointment because of failure to file a completed reappointment application in a timely manner.~~
 - (g) ~~Any recommendation or action which does not constitute a reportable adverse professional review recommendation or action under the Healthcare Quality Improvement Act of 1986 as amended, or state law.~~
- (C) Right to hearing and appellate review Notice of hearing.
- (1) A practitioner shall be entitled to a hearing only upon request and only after ~~After~~ receipt of a timely request for hearing by the medical director from a medical staff member entitled to such hearing, the medical executive committee shall be notified of the request for hearing by the medical director and shall at the next scheduled meeting take the following action:
 - (a) An adverse professional review recommendation by the medical executive committee; Instruct the medical director and chief of staff to jointly appoint within seven days a hearing committee, consisting of five members of the

medical staff who are not members of the medical executive committee, are not direct competitors, do not have a conflict of interest, and who have not previously participated in the peer review of the matter under consideration.

(b) An adverse professional review action by the board contrary to a favorable recommendation by the medical executive committee; or Instruct the hearing committee to schedule and arrange for a hearing which hearing, or initial hearing, should more than one hearing be required, shall be conducted not less than thirty days nor more than sixty days from the date of the receipt of the request for hearing by the medical director; provided, however, that a hearing for a medical staff member who is under suspension, which is then in effect, shall be held as soon as arrangements may be reasonably made.

(c) An adverse professional review action by the board in the absence of a recommendation by the medical executive committee.

(2) The hearing procedure following an adverse professional review recommendation by the medical executive committee shall consist of a hearing before a hearing committee or hearing officer appointed pursuant to paragraph (I) of this rule and an appellate review of an adverse professional review recommendation or action by the hearing committee as such appellate review is provided for in these rules. The hearing procedure following an adverse professional review action of the board pursuant to (1)(b) or (1)(c) of this paragraph shall consist of a hearing before a hearing committee or hearing officer appointed pursuant to paragraph (I) of this rule and an appellate review of an adverse professional review recommendation by the hearing committee as such appellate review is provided for in these rules. The medical staff member shall be given at least ten days prior notice of the scheduled hearing, provided that this notice may be waived in writing by the medical staff member. Notice shall be by certified return receipt mail to the staff member at the staff member's last known address as reflected by university records. The notice of hearing shall state in concise language the acts or omissions with which the medical staff member is charged; a list of representative charts or documents being used; names of potential witnesses to be called; and any other reason or evidence that may be considered by the medical executive committee during the hearing.

(D) Voluntary limitations Conduct of hearing.

At any time after an adverse professional review recommendation or adverse professional review action (including a summary professional review action) and prior to the final action of the board, the affected practitioner may request to agree to the proposed action or recommendation or to resign from staff status and surrender his or her clinical privileges or to agree to a modification of the proposed action or recommendation. The medical executive committee or board, whichever body initiated the adverse professional review recommendation or action, shall accept or reject the practitioner's proposal or suggest an alternative proposal. The chief executive officer or designee shall report to the state medical board or other authorities, as required by state and/or federal law, a practitioner who resigns from the medical staff and surrenders his or her clinical privileges pursuant to this paragraph.

(1) The hearing committee shall select a chairperson from the committee membership to preside over the hearing. The hearing committee shall have benefit of Ohio state university legal counsel. The hearing committee may grant continuances, recesses, and the chairperson may excuse a member of the hearing committee from attendance temporarily for good cause, provided that there shall be at no time less than four members of the hearing committee present unless the affected staff member waives this requirement.

All members of the hearing committee must be present to deliberate and vote. No member may vote by proxy. The person who has taken action from which the affected staff member has requested the hearing shall not participate in the deliberation or voting of the hearing committee. The hearing shall be a de novo hearing, although evidence of the prior recommendations and decisions may be presented.

- (2) An accurate record of the hearing shall be kept. The mechanism for taking the record shall be by the use of a professional stenographer. This record shall be available to the affected member of the medical staff upon request at the member's expense.
- (3) The personal presence of the medical staff member for whom the hearing has been scheduled shall be required. A medical staff member who fails without good cause to appear and proceed at such hearing shall be deemed to have waived all rights to appear and to have a hearing before the medical executive committee in the same manner as provided in paragraph (B) of this rule, and to have accepted the adverse recommendation or decision involved and the same shall therein become and remain in effect as provided in paragraph (B) of this rule. The medical executive committee may, in its own discretion, order the hearing committee to proceed with the hearing without the medical staff member and impose a sanction which is greater or lesser than that originally imposed.
- (4) The hearing need not be conducted strictly according to the rules of law related to the examination of witnesses or presentation of evidence. Any relevant matters upon which responsible persons customarily rely in the conduct of serious affairs shall be considered, regardless of the existence of any common law or statutory rule which might make evidence inadmissible over objection in civil or criminal action. The member of the medical staff for whom the hearing is being held shall, prior to, or during the hearing, be entitled to submit memoranda concerning any issues of procedure or of fact and such memoranda shall become a part of the hearing record.
- (5) The affected medical staff member shall have the following rights: to be represented by an attorney at law and to call and examine witnesses; to introduce evidence; to cross-examine any witnesses on any matter relevant to the issue of the hearing; and to challenge any witness and to rebut any evidence. If the medical staff member does not testify in his or her own behalf, the staff member may be called and examined as if under cross-examination.
- (6) The hearing committee shall request the person who has taken the action from which the affected staff member has requested the hearing to present evidence to the hearing committee in support of the adverse recommendation. The hearing committee may proceed to hear evidence and testimony from either party in whatever order the hearing committee deems appropriate. The hearing committee may call its own witnesses, may recall any parties' witnesses, and may question witnesses as it deems appropriate. All parties shall be responsible to secure the attendance of their own witnesses. All witnesses and evidence received by the hearing committee shall be open to challenge and cross-examination by the parties. Witnesses shall not be placed under oath. At the close of the evidence the hearing committee may request each party to make summary statements, either oral or written. The hearing committee may request legal representation from the Ohio state university.
- (7) The hearing committee may, without special notice, recess the hearing and reconvene the same for the convenience of the participants or for the purpose of obtaining new or additional evidence or consultation. The hearing committee shall

make its best effort to expeditiously determine the issues presented. The hearing committee may elect to limit its proceedings when sufficient material has been received. The parties may be required by the hearing committee to provide evidence in oral or written form. Upon conclusion of the presentation of oral and written evidence, the hearing shall be closed. The committee may thereupon, at a time convenient to itself, conduct its deliberations outside the presence of the medical staff member for whom the hearing was convened.

- (8) Within sixty days after its appointment, the hearing committee shall forward its written report and recommendation together with the transcript of the hearing and all other documentation provided by the parties to the medical executive committee. The affected medical staff member shall be notified of the recommendation of the hearing committee including a statement of the basis for the recommendation. The medical executive committee shall accept, reject, or modify the recommendation of the hearing committee. The medical executive committee may conduct further hearings as it deems necessary or may remand the matter back to the hearing committee for further action as directed. The medical executive committee may impose a greater or lesser sanction than that recommended by the hearing committee.
- (9) The medical executive committee shall submit a written report, including its recommendation to the chairperson of the university hospitals board within fourteen days of the final vote by the medical executive committee. An adverse action which must be reported to the state medical board or the federal government, including the national practitioner data bank, shall entitle an affected medical staff member to the procedures of this rule. The affected member of the medical staff shall be notified of the decision of the medical executive committee by the medical director.
- (10) The decision and record of the medical executive committee shall be transmitted to the professional affairs, education and research committee of the university hospitals board, which shall, subject to the affected member's right to appeal and implementation of paragraph (E) of this rule, consider the matter at its next scheduled meeting, or at a special meeting to be held no less than thirty days following receipt of the transmittal. The professional affairs, education and research committee may accept, reject, or modify the decision of the medical executive committee.
- (11) The recommendation of the professional affairs, education and research committee shall be promptly considered by the university hospitals board, or the executive committee of the hospitals board, at its next scheduled meeting. The university hospitals board, or the executive committee of the university hospitals board, may accept, reject, or modify the recommendation of the professional affairs, education and research committee.
- (12) A copy of the university hospitals board decision shall be sent certified return receipt mail to the affected medical staff member at the member's last known address as determined by university records.

~~(E) Notice of adverse professional review recommendation or action~~ Appeal process.

~~When an adverse professional review recommendation or action has been made or taken which entitles a practitioner to a hearing as provided in paragraph (B) of this rule, the medical director shall, within ten days thereafter, provide notice by certified mail return receipt requested to the practitioner, which notice will include:~~

- ~~(1) That the practitioner is the subject of an adverse professional review~~

~~recommendation or action;~~ Within thirty days after receipt of a notice by an affected medical staff member of the decision of the medical executive committee, the member may, by written notice to the chairperson of the Ohio state university hospitals board, request an appeal. The appeal shall only be held on the record before the medical executive committee.

- (2) ~~The practitioner's right to request a hearing;~~ If an appeal is not requested within thirty days, the affected medical staff member shall be deemed to have:

(a) Waived the member's right to appeal, and

(b) Accepted the adverse decision.

- (3) ~~The time limit within which to request the hearing; and~~ The appeal shall be conducted by the professional affairs, education and research committee of the university hospitals board.

- (4) ~~A summary of hearing rights.~~ The affected medical staff member shall have access to the reports and records, including transcripts, if any, of the hearing committee and of the medical executive committee and all other material, favorable or unfavorable, that has been considered by the medical executive committee. The staff member shall then submit a written statement indicating those factual and procedural matters with which the member disagrees, specifying the reasons for such disagreement. This written statement may cover any matters raised at any step in the procedure to which the appeal is related, and legal counsel may assist in its preparation. Such written statement shall be submitted to the professional affairs, education and research committee no later than seven days following the date of the affected member's notice of appeal.

~~The notice shall also contain the reasons for the recommendation or action including a concise statement of the practitioner's alleged acts or omissions and, where appropriate, a list of specific or representative patient charts in question or the other reasons or subject matter forming the basis for the adverse professional review recommendation or action.~~

- (5) New or additional matters not raised during the hearing or in the medical executive committee hearings shall only be considered on appeal at the sole discretion of the professional affairs, education and research committee.

- (6) Within fourteen days following submission of the written statement by the affected medical staff member, the professional affairs, education and research committee shall recommend to the Ohio state university hospitals board that the adverse decision be affirmed, modified or rejected, or to refer the matter back to the medical executive committee for further review and recommendation. Such referral to the medical executive committee may include a request for further investigation.

- (7) Any final decision by the university hospitals board shall be communicated by the medical director and by certified return receipt mail to the affected medical staff member at that member's last known address as determined by university records. The medical director shall also notify in writing the senior vice president for health sciences, the dean of the college of medicine and public health, the executive director of the Ohio state university hospitals, the vice president for health services, chief of staff, the clinical department chief, and the person(s) who initiated the request for peer review. The medical director shall take immediate steps to implement the final decision.

(F) ~~Request for hearing.~~

A practitioner shall have thirty days following his receipt of a notice pursuant to paragraph (E) of this rule to file a written request for a hearing. Such a request shall be delivered to the medical director by certified mail return receipt requested.

~~(G) Waiver by failure to request a hearing.~~

~~A practitioner who fails to request a hearing within the time and in the manner specified in paragraph (F) of this rule waives any right to such hearing and to any appellate review to which he or she might otherwise have been entitled. Such waiver in connection with:~~

- ~~(1) An adverse professional review action by the board shall constitute acceptance of that action which shall thereupon become effective as of the final action of the board.~~
- ~~(2) An adverse professional review recommendation by the medical executive committee shall constitute acceptance of the recommendation which shall thereupon become and remain effective pending the final action of the board. A practitioner who has waived the right to a hearing regarding an adverse professional review recommendation of the medical executive committee is not entitled to a hearing on an adverse professional review action of the board based upon such adverse professional review recommendation of the medical executive committee.~~

~~(H) Notice of hearing.~~

- ~~(1) Upon receipt of a request for hearing, occasioned by an adverse professional review recommendation of the medical executive committee, the medical director will give notice of the request for hearing to the chief of staff and to the chief executive officer. Persons to serve on the hearing committee or as the hearing officer shall be immediately appointed as provided in paragraph (I) of this rule. If a hearing is the result of an adverse professional review action of the board pursuant to paragraphs (C)(1)(b) and (C)(1)(c) of this rule, upon receipt of a timely request for a hearing, the medical director shall deliver such request to the board and the board shall schedule and arrange for a hearing.~~

~~The medical director will arrange a hearing to be held not less than thirty days, nor more than forty-five days after receipt of the request for a hearing. However, in the case of a practitioner who is subject to a summary suspension then in effect, the hearing shall be held as soon as appropriate arrangements may reasonably be made, but not later than thirty days from the date of receipt of the request for hearing, unless the practitioner waives, in writing, the right to have the hearing conducted within that time period.~~

- ~~(2) The medical director shall send a notice of the date, time, and place of the hearing by certified mail, return receipt requested to the affected practitioner and to the member(s) of the hearing committee or hearing officer as soon as arrangements for the hearing have been made. Such notice shall also include a list of witnesses, if any, expected to testify on behalf of the medical executive committee or the board, depending on whose action prompted the request for a hearing. Such notice shall be sent to the practitioner at least thirty days in advance of the hearing, unless a summary suspension is currently in effect, in which case the notice shall be sent as soon as reasonably possible.~~

~~(I) Hearing committee.~~

- ~~(1) The hearing committee shall be an ad hoc committee appointed at the time a request for hearing is received.~~

~~(2) For hearings occasioned by an adverse professional review recommendation of the medical executive committee, the hearing committee will consist of one of the following alternatives as determined jointly by the chief of staff and the medical director:~~

- ~~(a) Five members of the medical staff who are not in direct economic competition with the practitioner, appointed jointly by the chief of staff and the medical director. The hearing committee shall designate one of these members as chair of the hearing committee; or~~
- ~~(b) A hearing officer or arbitrator who is appointed jointly by the chief of staff and medical director, who is acceptable to the practitioner and to the medical executive committee, and who is not in direct economic competition with the affected practitioner involved.~~

~~No one who actively participated in the consideration of the adverse recommendation or action shall be appointed to the hearing committee.~~

~~(3) For hearings occasioned by an adverse professional review action of the board pursuant to paragraph (C)(1)(b) or (C)(1)(c) of this rule, a hearing committee shall be appointed by the chair of the board in consultation with the medical director and will be composed of not less than three nor more than five persons. At least one medical staff member shall be included on the committee and the remaining members of the committee may be members of the board, the medical staff or any other person. Any medical staff member so appointed shall not be in director economic competition with the affected practitioner.~~

~~(J) Conduct of hearing.~~

- ~~(1) A majority of the hearing committee members must be present at the hearing and no member may vote by proxy. An action of the hearing committee requires the affirmative vote of at least three members, unless the hearing officer alternative is chosen.~~
- ~~(2) The practitioner must be physically present at the hearing. Absence without good cause constitutes a waiver of all rights under this rule and an acceptance of the adverse recommendation or action. The hearing committee or hearing officer, as applicable, has sole discretion to define "good cause." If good cause is shown, the hearing committee or hearing officer will reschedule the hearing as soon as practical.~~
- ~~(3) Postponement of the hearing beyond the time limits of this rule may be made only for good cause and with the approval of a majority of the hearing committee or the hearing officer, as applicable. The hearing committee or hearing officer, as applicable, has sole discretion to define "good cause".~~
- ~~(4) The practitioner may be accompanied and/or represented by either legal counsel, or a member of the medical staff, or other person of the practitioner's choice. If either party will be accompanied or represented by legal counsel, written notice of such must be given to the other party at least seventy-two hours in advance of the hearing.~~
- ~~(5) The chair of the hearing committee or the hearing officer will determine the order of the proceeding, assuring all participants receive a reasonable opportunity to present relevant oral and documentary evidence. The chair will preside over the hearing and maintain order.~~

- (6) ~~The hearing committee or hearing officer may, without special notice, recess the hearing for the convenience of the members or for the purpose of obtaining new or additional evidence or consultation.~~
- (7) ~~The parties shall have the following rights, provided that the hearing committee or hearing officer is permitted to require that oral evidence be taken under oath or affirmation administered by a notary public duly authorized by the state of Ohio:~~
- (a) ~~To call and examine witnesses;~~
 - (b) ~~To introduce written evidence;~~
 - (c) ~~To cross-examine any witness on any matter relevant to the hearing;~~
 - (d) ~~To challenge and rebut any evidence; and~~
 - (e) ~~To submit a written statement at the close of the hearing.~~
- (8) ~~The medical executive committee or the board, as applicable, may appoint one of its members to represent it, and defend its recommendation or action at the hearing. If the practitioner will be accompanied or represented by legal counsel at the hearing, the medical executive committee or the board may also be accompanied or represented by legal counsel at the hearing.~~
- (9) ~~The practitioner shall have the burden of showing that the recommendation or action is arbitrary, capricious, or unreasonable.~~
- (10) ~~The rules of evidence applicable to a court of law shall not apply in the hearing. Any relevant material upon which responsible persons ordinarily rely may be considered, regardless of its admissibility in court.~~
- (a) ~~The hearing committee or hearing officer may take official notice of any generally accepted technical or scientific matter at any point prior to its final report. All participants will be informed of matters so noted, and given the opportunity, upon request, to refute such official notice in a manner determined by the hearing committee or hearing officer.~~
 - (b) ~~The hearing committee or hearing officer may consider any pertinent material contained on file in the hospital and all other information connected with a request for corrective action or application for appointment or reappointment to the medical staff or for clinical privileges pursuant to these rules.~~
 - (c) ~~An accurate record of proceedings must be kept and shall be recorded by a court reporter, electronic recording device, or detailed transcription. Copies of the transcript of the proceedings may be obtained by the practitioner upon payment of any reasonable charges associated with the preparation thereof. Otherwise, the record of the proceedings shall be privileged and confidential, not subject to disclosure to or discovery by anyone as provided by section 2305.251 of the Revised Code.~~
- (11) ~~Within fourteen days after the hearing is closed, the hearing committee or hearing officer shall deliberate and make its decision. The hearing committee or hearing officer shall forward its written report and recommendation together with the transcript of the hearing and all other documentation provided by the parties to the~~

~~body whose adverse professional review recommendation or action occasioned the hearing. The report shall concisely state the reasons for the findings and recommendations made in the report. The report shall also specifically affirm, reverse or modify the adverse professional review recommendation or action which was reviewed. The medical executive committee or board, as appropriate, shall accept, reject, or modify the recommendation of the hearing committee or hearing officer or may conduct further hearings as it deems necessary or may remand the matter back to the hearing committee or hearing officer for further action as directed. The medical executive committee or the board may impose a greater or lesser sanction than that recommended by the hearing committee or hearing officer.~~

~~An action of the medical executive committee shall be forwarded to the board. The affected member of the medical staff shall be notified of the action of the medical executive committee by the medical director. The action and record of the medical executive committee including the hearing committee or hearing officer report shall be reviewed by the board, which shall have the authority to accept, reject, or modify the previous action forwarded to them. When the board has made its decision, notice of that action shall be sent certified return receipt mail to the affected medical staff member at the member's last known address as determined by hospital records.~~

~~If any action of the board is adverse to the practitioner, the notice of action will inform the practitioner of the right to an appellate review as described in these rules.~~

~~(K) Appellate review.~~

- ~~(1) Within fourteen days after receipt of a notice by an affected medical staff member of an adverse professional review action of the board pursuant to paragraph (J) of this rule, the member may, by written notice to the Ohio state university hospitals board, request an appellate review. Such appellate review shall be conducted by the Ohio state university hospitals board or a committee designated by the Ohio state university hospitals board and only be held on the record on which the adverse action is based, as appended by the medical staff member's statement provided for below.~~
- ~~(2) If such review is not requested within the fourteen-day period, the affected medical staff member shall be deemed to have waived the member's right to the same, and to have accepted such adverse action, and the same shall become effective immediately.~~
- ~~(3) The affected medical staff member shall have access to the reports and records, including transcripts, if any, of the hearing committee or hearing officer and of the medical executive committee and all other material, favorable or unfavorable, that has been considered by that committee and the board. The staff member shall then submit a written factual statement indicating those factual and procedural matters with which the member disagrees, and the reasons for such disagreement, shall be specified. This written statement may cover any matters raised at any step in the procedure to which the appeal is related, and legal counsel may assist in its preparation. Such written statement shall be submitted to the Ohio state university hospitals board chair at least seven days prior to the scheduled date for review.~~
- ~~(4) New or additional matters not raised during the hearing or any appeal to the board shall only be introduced at the review by the Ohio state university hospitals board at the Ohio state university hospitals board's sole discretion.~~
- ~~(5) The Ohio state university hospitals board may affirm, modify or reject any prior action, or refer the matter back to the board for further review and recommendation~~

~~within fourteen days. Such referral may include a request for further investigation. The Ohio state university hospitals board's action shall be the final action and that decision shall be sent certified return receipt mail to the affected medical staff member's last known address as determined by hospital records. (B/T 5/7/99, B/T 10/5/2000, B/T 11/7/2003)~~

~~3335-45-09~~ 3335-45-10 Administration of the hospital.

(A) through (C) unchanged.

~~3335-45-10~~ 3335-45-11 Officers.

(A) and (B) unchanged.

(C) Nomination.

- (1) At least thirty days prior to an annual meeting of the medical staff at which officers ~~will~~ shall be elected, the medical executive committee ~~will~~ shall appoint five members of the active medical staff to serve as a nominating committee. The nominating committee shall select one or more nominees for each office, including a representative of the courtesy medical staff and a slate listing the names of all nominees shall be posted in a conspicuous place at the medical staff entrance to the hospital and transmitted electronically or in writing directly to each member of the medical staff entitled to vote at least fourteen days prior to the annual meeting.
- (2) At an annual meeting of the medical staff at which officers ~~will~~ shall be elected, any member of the active medical staff or courtesy staff with respect to the courtesy staff representative position ~~will~~ shall have the opportunity to offer other nominations of qualified staff members from the floor.

(D) Election of officers.

- (1) Officers shall be elected ~~at the annual meeting by a majority of those voting by written or electronic ballot~~ of the active medical staff.
- (2) Unchanged.
- (3) If there are three or more candidates for any office and no candidate receives a majority of the votes cast, there ~~will~~ shall be successive balloting so that the candidate receiving the fewest votes is omitted from each successive slate until a majority is obtained by one candidate.

(E) Unchanged.

(F) Vacancies in office.

- (1) Vacancies in the office of chief of staff during the term ~~will~~ shall be automatically succeeded and performed by the chief of staff-elect. When the unexpired term is one year or less, the new chief of staff ~~will~~ shall continue in office until the completion of his or her expected term in that office. When the unexpired term is more than one year, the new chief of staff ~~will~~ shall serve until the end of the term of the chief of staff he or she replaced.
- (2) Vacancies in the office of chief of staff-elect ~~will~~ shall be filled by a special election held within sixty days of establishing the vacancy. The nominating committee ~~will~~ shall make nominations and ~~a special meeting of the attending staff will be called to~~

~~add nominations and elect the replacement~~ active medical staff may submit nominations. Voting shall be conducted by written or electronic ballot of the active medical staff. The new chief of staff-elect ~~will~~ shall become chief of staff at the end of the term of the incumbent.

- (3) Vacancies in the courtesy staff representative position ~~will~~ shall be filled by appointment by the chief of staff to serve until the next scheduled election.

(G) Duties of officers.

- (1) Unchanged.
(2) Chief of staff-elect.

The chief of staff-elect shall:

- (a) through (c) unchanged.

- (d) ~~Keep records of all meetings of the medical staff and oversee the inclusion of changes in~~ Chair the medical staff bylaws and rules and regulations committee. Review and revise medical staff bylaws and rules and regulations at least every two years.

- (e) Unchanged.

- (3) Representative of the courtesy staff.

The representative of the courtesy staff shall serve on the medical executive committee as provided for in paragraph (E) of rule ~~3335-45-11~~ 3335-45-12 of the Administrative Code.

(H) Suspension/removal of officers.

Any officer may be suspended or removed from office for valid cause, including, but not limited to, serious neglect or misfeasance in office, by either a two-thirds vote of the medical executive committee members in attendance at a meeting in which a quorum is present, or by a two-thirds vote of the voting members of the medical staff in attendance at a meeting in which a quorum is present. Upon the written request of the affected officer to the medical executive committee within fourteen days of any suspension or removal ~~will~~ shall be submitted for review by the voting members of the medical staff at a special meeting called for such purpose. Ratification of the medical executive committee action requires an affirmative vote of two-thirds of the voting members of the medical staff in attendance at a meeting in which a quorum is present. The suspension or removal of an officer is an action that is not subject to any other appeal. (B/T 5/7/99, B/T 10/5/2000, B/T 11/7/2003)

~~3335-45-11~~ 3335-45-12 Committees.

(A) General designation and substitution.

- (1) through (3) unchanged.

- (4) All committee members, unless specifically provided otherwise, are appointed jointly by the chief of staff, ~~chief of staff-elect~~ and the medical director, ~~with the consent of a majority vote of the medical~~ consultation of the executive committee ~~director of the Ohio state university hospitals east.~~

(B) Term.

Unless otherwise specified herein, all committee appointments shall be for the medical staff year.

(C) Committee chair.

Unless otherwise specified herein, the chair of each committee shall be determined as provided for in paragraph (G)(1)(f) of rule ~~3335-45-10~~ 3335-45-11 of the Administrative Code, with the exception of the medical executive committee which shall be chaired by the medical director.

(D) Unchanged.

(E) Medical executive committee.

(1) Composition. The medical executive committee shall consist of the following voting members: chief of staff; chief of staff-elect; the chiefs of the departments of anesthesia, drug and alcohol abuse rehabilitation, surgery, internal medicine, neurology, family medicine, emergency medicine, orthopedics, pathology, radiology; one elected officer representative of the courtesy medical staff; medical director; medical director of the Ohio state university hospitals; and chief executive officer; the dean or designee, college of medicine and public health; dean, college of nursing; and vice president for health sciences director of the Ohio state university hospitals east. The medical director shall be the chairperson and the chief of staff shall be vice chairperson.

(2) Any member of the committee who anticipates absence from a meeting of the committee may appoint, as a temporary substitute, another member of the same category of the medical staff to represent him or her at the meeting. The temporary substitute ~~will~~ shall have all the rights of the absent member. The ~~chief executive officer~~ director of the Ohio state university hospitals east may invite any member of the ~~chief executive officer's~~ director's staff to represent him or her at a meeting or to attend any meeting.

(3) All members of the committee shall attend, either in person or by proxy, a minimum of two-thirds of all committee meetings.

~~(3)(4)~~ Unchanged.

~~(4)(5)~~ The chair of the quality improvement committee ~~will~~ shall attend each meeting on an ex-officio basis.

~~(5)(6)~~ Duties and responsibilities. The duties of the medical executive committee are:

(a) and (b) unchanged.

(c) To delegate appropriate staff business to committees while retaining the right of executive responsibility and authority over all medical staff committees; This shall include but is not limited to review of and action upon medical staff appointments and reappointments whenever timely action is necessary;

(d) through (p) unchanged.

- (6)(7) Meetings. The medical executive committee ~~will~~ shall meet at least monthly at such time and place as the medical executive committee shall determine. The agenda for medical executive committee meetings ~~will~~ shall be made under procedures that the medical executive committee ~~will~~ shall establish for its internal governance. There shall be a fifty per cent attendance requirement for each member of the medical executive committee.
- (8) Voting. At a properly constituted meeting, voting shall be by a simple majority of members present except in the case of termination or non-reappointment of medical staff membership or permanent suspension of clinical privileges, wherein a two-thirds vote of members present shall be required.
- (F) Bylaws committee.
- The bylaws committee shall:
- (1) and (2) unchanged.
- (3) Review such matters referred to it by the board, the medical executive committee, the chief of staff, the ~~credentials~~ credentialing committee, one or more clinical departments, members of the medical staff or the chief medical director of the hospital.
- (G) Credentials Health system credentialing committee.
- (1) ~~Composition. The committee shall be composed of nine members of the medical staff. Appointments to the committee shall be in accordance with the medical staff bylaws of the Ohio state university hospitals~~ credentialing responsibilities of medical staff are delegated to the Ohio state university health system credentialing committee, the composition of which shall include representation from the medical staff of each health system hospital.
- The health system credentialing committee shall be appointed by the chief medical officer of the health system. The chief of staff and director of medical affairs or medical director of each health system hospital shall make recommendations to the chief medical officer for representation on the health system credentialing committee.
- The health system credentialing committee shall meet at the call of its chair, who shall be appointed by the chief medical officer of the health system.
- (2) Duties.
- (a) ~~Following the recommendation of the chief of the clinical department, the committee will receive, through the office of the medical director, all applications for medical staff appointment and reappointment, and receive all requests for delineation, renewal, or amendment of clinical privileges.~~
- (b) ~~The chief of the clinical department will assure that the requests and applications include letters of reference from medical school, internship and residency, other post-graduate experiences, and that reference audits have been completed. The chief of the clinical department will assure that the applicant meets the criteria for membership and for clinical privileges set forth in the medical staff bylaws. This review shall be submitted by the chief of the clinical department to the committee within sixty days of receipt of the~~

~~signed and completed application or request.~~

- ~~(e)(a)~~ ~~The committee will~~ To review all applications for medical staff appointments and licensed health care professional appointment and reappointment, as well as all requests for delineation, renewal, or amendment of clinical privileges in the manner provided in these medical staff bylaws, including applicable time limits.
- ~~(d)(b)~~ ~~Renewal applications will be reviewed~~ To review biennially ~~unless a change in appointment or all applications for reappointment or renewal of clinical privileges is otherwise received from the chief of the clinical department.~~
- ~~(c)~~ To review all requests for changes in medical staff membership.
- ~~(e)(d)~~ ~~It will be the responsibility of~~ To assure, through the chairperson of the committee ~~to assure~~ that all records of peer review activity taken by the committee, including committee minutes, are ~~handled and kept with utmost confidentiality~~ maintained in the strictest of confidence in accordance with the laws of the state of Ohio. The committee may conduct investigations and interview applicants as needed to discharge its duties. The committee may refer issues and receive issues as appropriate from other medical staff committees.
- ~~(f)(e)~~ ~~The committee will~~ To make its ~~recommendation~~ recommendations to the medical executive committee through the medical ~~staff through the office of the medical director~~ regarding appointment applications and initial requests for clinical privileges. ~~Applications and requests referred to the medical executive committee will have the following information: Such recommendations shall include the name, status, department (divisions), medical school and year of graduation, residency and fellowships, medical-related employment since graduation, board certification and recertification, licensure status as well as all other relevant information concerning the applicant's current competence, experience, and qualifications, and ability to perform the clinical privileges requested.~~
- ~~(g)(f)~~ ~~The committee or the medical director may request~~ To recommend to the medical executive committee ~~to consider that~~ certain applications for appointment be reviewed in executive session.
- ~~(h)(g)~~ The committee, after review and investigation ~~of matters related to its responsibilities,~~ may make recommendations to the medical director, chief of staff, or the chief of a clinical department, ~~requesting regarding~~ the restriction or limitation of ~~any medical staff a~~ member's clinical privileges, for noncompliance with the credentialing process. ~~The committee will review all grants of special or temporary privileges and will review clinical privileges for associates to the medical staff as well as physician assistants or any other matter related to its responsibilities.~~
- ~~(h)~~ To review all grants of special or temporary privileges.
- ~~(i)~~ To review requests made for clinical privileges by other licensed health care professionals as set forth in these bylaws.
- (3) ~~Licensed Health system~~ licensed health care professionals subcommittee.

 - (a) Composition. The members of the licensed health care professionals

subcommittee, who are currently licensed health care professionals and are granted hospital privileges shall be appointed to the subcommittee of the ~~credentials~~ credentialing committee, and shall include the director of nursing of the Ohio state university hospitals as a co-chair, certified nurse midwife, certified registered nurse anesthetist, certified nurse practitioner, clinical nurse specialist, and other appropriate licensed health care professional representation.

- (b) Duties. The subcommittee shall review all completed applications as may be referred by the ~~credentials~~ credentialing committee and shall proceed to:

(i) through (iv) unchanged.

Following review of the application, the subcommittee ~~will~~ shall forward a written recommendation to the ~~credentials~~ credentialing committee within thirty days. The ~~credentials~~ credentialing committee, at its regularly scheduled meeting, ~~will~~ shall review and act on the recommendations from the subcommittee.

(H) Infection control committee.

- (1) Composition. The committee members shall be appointed pursuant to the medical staff bylaws and shall also include representation of nursing, environmental services and hospital administration. The chairperson ~~will~~ shall be a physician with experience and/or training in infectious diseases.

(2) Duties.

(a) Unchanged.

(b) The chairperson of the committee, and the hospital epidemiologist, in consultation with the medical director of the Ohio state university hospitals east, ~~will~~ shall take necessary actions to prevent and control emerging spread or outbreaks of infections; isolate communicable and infectious patients as indicated; and obtain all necessary cultures in emergent situations when the responsible medical staff member is unavailable.

(I) ~~Ethics~~ Health system ethics committee.

- (1) Composition. The committee shall consist of members of the medical staff, nursing, hospital administration, and other persons who by reason of training, vocation, or interest may make a contribution. Appointments ~~will~~ shall be made as provided in the medical staff bylaws of the Ohio state university hospitals.

(2) Unchanged.

(J) ~~Committee~~ Health system committee for physician health.

(1) Unchanged.

(2) Duties.

(a) ~~Consider~~ To consider issues of physician health or impairment ~~when whenever a self-referral or referral is requested to do so by the an affected member physician or another member or committee of the medical staff, hospital the Ohio state university hospitals east staff, or any other individual.~~

(b) and (c) unchanged.

(d) Advise ~~credentials~~ credentialing committee and/or other appropriate medical staff committees on any issues affecting the quality of patient care.

(e) through (j) unchanged.

(K) Health system leadership council for clinical value enhancement.

The leadership council shall consist of members appointed in accordance with paragraph (A)(6) of rule 3335-43-09 of the Administrative Code, and shall include the senior vice president for health sciences and dean of the college of medicine and public health and the chairperson of the professional affairs, education and research committee of the university hospitals board as ex-officio members without a vote. The university hospitals medical director shall be the chairperson of the leadership council.

(1) Health system clinical quality management policy group.

(a) Composition. The members of this group shall be appointed pursuant to these bylaws and shall include medical staff members from various clinical departments and support services, and shall include the director of the clinical quality management policy group, and representatives of nursing and hospitals administration. The chairperson of the policy group shall be a physician member of the medical staff.

(b) Duties.

(i) To coordinate the quality management related activities of the clinical departments, medical records, utilization review, infection control, pharmacy and therapeutics and drug utilization committee, transfusion and immunization, and other medical staff and the Ohio state university health system committees.

(ii) To implement clinical improvement programs to achieve the goals of the Ohio state university health system quality management plan, as well as assure optimal compliance with accreditation standards and governmental regulations concerning performance improvement.

(iii) To review, analyze, and evaluate on a continuing basis the performance of the medical staff and other health care providers; and advise the clinical department clinical quality sub-committees in defining, monitoring, and evaluating quality indicators of patient care and services.

(iv) To serve as liaison between the Ohio state university and the Ohio peer review organizations through the chairperson of the policy group and the director of clinical quality.

(v) To make recommendations to the medical executive committee on the establishment of and the adherence to standards of care designed to improve the quality of patient care delivered in the Ohio state university health system.

(vi) To hear and determine issues concerning the quality of patient care

rendered by members of the medical staff and the Ohio state university health system staff and make appropriate recommendations and evaluate action plans when appropriate to the medical director, the chief of a clinical department, or the Ohio state university health system administration.

- (vii) To appoint ad-hoc interdisciplinary teams to address the Ohio state university health system quality management plan.
- (viii) To annually review and revise as necessary the Ohio state university health system clinical quality management plan.
- (ix) To report and coordinate with the leadership council for clinical value enhancement all quality improvement initiatives.

(2) Health system clinical resource management policy group.

(a) Composition. The members shall be appointed in accordance with paragraph (A)(6) of rule 3335-43-09 of the Administrative Code and shall include medical staff members from various clinical departments and support services, the director of clinical quality and resource management policy group, and representatives of nursing and hospitals administration. The chairperson of the policy group shall be a physician member of the medical staff.

(b) Duties.

- (i) To promote the most efficient use of the Ohio state university health system facilities and services by participating in the review process and continued stay reviews on all hospitalized patients, and promote the most efficient use of clinical resources and the Ohio state university health system facilities and services by participating and facilitating the processes of admission review, continue stay reviews, and retrospective reviews as required.
- (ii) To formulate and maintain a written resource management review plan for the Ohio state university health system consistent with applicable governmental regulations and accreditation requirements.
- (iii) To conduct resource management studies by clinical department or division, or by disease entity as requested.
- (iv) To report and recommend to the leadership council for clinical value enhancement changes in clinical practice patterns in compliance with applicable governmental regulations and accreditation requirements, and when the opportunity exists to improve the resource management of the Ohio state university health system facilities or services.

(3) Health system outcomes measurement policy group.

(a) Composition. The members shall be appointed in accordance with paragraph (A)(6) of rule 3335-43-09 of the Administrative Code, and shall include members of the medical staff from various clinical areas and support services, and representatives of nursing, pharmacy, information systems,

hospitals administration, and any other appropriate areas. The chairperson of the policy group shall be a physician member of the medical staff.

(b) Duties.

- (i) To oversee the prioritization, planning and analysis of outcomes measurement projects to be conducted as part of quality improvement initiatives at the Ohio state university health system. Prioritization and planning should be based on the prioritization criteria and the annual priorities approved by the leadership council for clinical value enhancement.
- (ii) To oversee the development of outcomes measurement, risk assessment, and risk stratification tools for use in quality improvement initiatives at the Ohio state university health system.
- (iii) To report and recommend to the leadership council for clinical value enhancement specific process and outcomes measures for each clinical practice guideline.
- (iv) To present and communicate outcomes measurement data to the leadership council for clinical value enhancement.
- (v) To oversee ongoing education of medical staff (including specifically housestaff) and other appropriate Ohio state university health system staff regarding the fundamental concepts and value of outcomes measurement and its relation to quality improvement.
- (vi) To initiate and support research projects when appropriate in support of the objectives of the leadership council for clinical value enhancement.
- (vii) To regularly report a summary of all actions to the leadership council for clinical value enhancement.

(4) Health system practice guidelines policy group.

- (a) Composition. The members shall be appointed in accordance with paragraph (A)(6) of rule 3335-43-09 of the Administrative Code, and shall include medical staff members from various clinical departments and support services, the director of the clinical quality and management policy group, and representatives of nursing and hospitals administration. The chairperson of the policy group shall be a physician member of the medical staff.

(b) Duties.

- (i) To oversee the planning, development, approval, implementation and periodic review of clinical practice guidelines for use within the Ohio state university health system. Planning should be based on the prioritization criteria approved by the leadership council for clinical value enhancement and review should focus on incorporating recent medical practice, literature or developments. Annual review should be done in cooperation with members of the medical staff with specialized knowledge in the field of medicine related to the guideline.

- (ii) To report regularly to the leadership council for clinical value enhancement for approval of all new and periodically reviewed clinical practice guidelines for use within the Ohio state university health system.
- (iii) To oversee the development, approval and periodic review of the clinical elements of computerized ordersets and clinical rules to be used within the information system of the Ohio state university health system. Computerized ordersets and clinical rules related to specific practice guidelines should be forwarded to the leadership council for clinical value enhancement for approval. All other computerized ordersets and clinical rules should be forwarded to the leadership council for clinical value enhancement for information.
- (iv) To oversee the development, approval, implementation and periodic review of clinical care pathways for use within the Ohio state university health system.
- (v) To oversee ongoing education of the medical staff (including specifically housestaff) and other appropriate Ohio state university health system staff on the fundamental concepts and value of clinical practice guidelines.
- (vi) To regularly report a summary of all actions to the leadership council for clinical value enhancement.

(L) Quality management committee.

- (1) Composition. The members of this group shall be appointed pursuant to these bylaws and shall include representatives from the Ohio state university hospitals east medical staff from various clinical departments, nursing, support services staff, and administration. The chairperson of the policy group shall be a physician member of the medical staff.
- (2) Duties.
 - (a) To coordinate the Ohio state university east quality management related activities of the clinical departments, medical records, utilization review, infection control, pharmacy and other medical staff and the Ohio state university hospitals east committees.
 - (b) To implement clinical improvement programs to achieve the goals of the Ohio state university hospitals east quality management plan, as well as assure optimal compliance with accreditation standards and governmental regulations concerning performance improvement.
 - (c) To review, analyze, and evaluate on a continuing basis the performance of the medical staff and other health care providers; and advise the clinical departments and clinical quality sub-committees in defining, monitoring, and evaluating quality indicators of patient care and services.
 - (d) To make recommendations to the medical executive committee on the establishment of and the adherence to standards of care designed to

improve the quality of patient care delivered in the Ohio state university hospitals east.

- (e) To hear and determine issues concerning the quality of patient care rendered by members of the medical staff and the Ohio state university hospitals east staff and make appropriate recommendations and evaluate action plans when appropriate to the medical director, the chief of a clinical department, or the Ohio state university hospitals east administration.
- (f) To appoint ad-hoc interdisciplinary teams to address the Ohio state university hospitals east quality management plan.
- (g) To report and coordinate with the Ohio state university health system leadership council for clinical value enhancement all quality improvement initiatives.

(M) Physician executive council.

- (1) Composition. The council is composed of the chair of the quality management committee, the medical director, the director of clinical quality management, the quality manager of infection control and physicians from various clinical areas as appointed by the medical director according to these bylaws.
- (2) Duties.
 - (a) Provide leadership for the clinical quality improvement processes within the Ohio state university hospitals east.
 - (b) Provide clinical expertise to the physician peer review process within the Ohio state university hospitals east.
 - (c) Advise the medical director regarding action plans to improve the quality and safety of clinical care at the Ohio state university hospitals east.
 - (d) Develop follow-up plans to ensure action is successful in improving quality and safety.

~~(K)~~(N) Termination of committees.

- (1) A standing committee of the medical staff may be abolished by amendment to these rules in accordance with the provisions of rule ~~3335-45-18~~ 3335-45-17 of the Administrative Code.
- (2) Unchanged.

~~(L)~~(O) Certain review functions.

Unchanged. (B/T 5/7/99, B/T 9/1/99, B/T 10/5/2000, B/T 11/7/2003)

~~3335-45-12~~ 3335-45-13 Clinical departments.

- (A) Unchanged.
- (B) Clinical departmental chiefs.
 - (1) Qualifications of clinical departmental chiefs. Clinical departmental chiefs must be

active members of the medical staff. In the hospital-based clinical departments (anesthesiology, radiology, pathology and emergency departments), the clinical departmental chiefs must be a member of the active medical staff at the time of appointment. All clinical departmental chiefs must remain members in good standing during the term of office. Failure to maintain such status ~~will~~ shall be grounds for immediate suspension from the office of the clinical departmental chief. Each clinical department chief shall be qualified by education and experience appropriate to the discharge of the responsibilities of the position. Qualifications for the chief of the clinical department generally shall include recognized clinical competence, sound judgment, and well-developed administrative skills.

- (2) Appointment of clinical departmental chiefs. The academic department chair ~~will~~ shall ordinarily serve also as the chief of the clinical department. The chief of the clinical department ~~will~~ shall be appointed by the medical director, in consultation with the dean of the college of medicine and public health or dean of dentistry when appropriate, and shall recommend the appointment of a clinical departmental chief or acting clinical departmental chief to the board after approval by the medical executive committee. All appointments of clinical departmental chiefs shall be subject to approval by the board.
 - (3) Term. The clinical departmental chiefs shall serve designated terms of up to four years usually beginning the first day of July following appointment. All clinical departmental chiefs are subject to periodic performance reviews by the medical executive committee and board, and they may be removed for cause. Prior to the end of the designated term of appointment, a formal review ~~will~~ shall be conducted and ~~will~~ shall serve as the basis of the recommendation for reappointment. The reappointment procedure ~~will~~ shall be as outlined in (B)(2) of this paragraph.
 - (4) Responsibilities. Clinical departmental chiefs shall:
 - (a) and (b) unchanged.
 - (c) Review the clinical performance, physical and mental health of all medical staff members in the clinical department and on the basis of this review, prepare evaluations and recommendations to the ~~credentials~~ credentialing committee of practitioners who either have, or are requesting, clinical privileges in the department at the time of initial appointment, reappointment or at any time that the practitioner requests that his or her clinical privileges be changed;
 - (d) Recommend to the ~~credentials~~ credentialing committee and the medical executive committee the criteria for the granting of clinical privileges in the clinical department;
 - (e) through (i) unchanged.
 - (j) Call meetings at least quarterly of the clinical department, presiding over such meetings and keeping, or causing to be kept, accurate and complete minutes of such meetings; minutes of the meeting, including a record of attendance ~~will~~ shall be kept in the clinical departmental and the medical director's office;
 - (k) through (s) unchanged.
- (C) Functions of clinical departments.

- (1) Each clinical department ~~will~~ shall function as a component of the medical staff under the authority of the medical executive committee.

(2) and (3) unchanged.

(D) Assignment to clinical departments.

- (1) At the time of initial appointment or any reappointment, each member of the medical staff ~~will~~ shall be assigned to at least one clinical department, but may be granted clinical privileges in more than one clinical department.

(2) and (3) unchanged.

(E) Unchanged. (B/T 5/7/99, B/T 9/1/99, B/T 10/5/2000, B/T 11/7/2003)

~~3335-45-13~~ 3335-45-14 Meetings.

(A) Annual meeting.

The initial annual meeting of the hospital medical staff shall be held no later than June 30, 1999. Thereafter, the annual meeting of the medical staff shall be held as a part of the regularly scheduled quarterly meeting in May. The agenda of the annual meeting ~~will~~ shall include the election of officers whose terms have expired. Those persons elected as officers shall assume their respective elected positions on the first day of the next medical staff year, provided that the initial medical staff officers shall serve until the next annual meeting. The initial medical staff officers shall not be subject to the limitation of office contained in paragraph (E) of rule ~~3335-45-10~~ 3335-45-11 of the Administrative Code.

(B) Unchanged.

(C) Committee and clinical departmental meetings.

Committee and clinical departmental meetings ~~will~~ shall be held in accordance with the provisions of rules ~~3335-45-11~~ 3335-45-12 and ~~3335-45-12~~ 3335-45-13 of the Administrative Code.

(D) through (F) unchanged. (B/T 5/7/99, B/T 10/5/2000, B/T 11/7/2003)

~~3335-45-14~~ Licensed health care professionals.

(A) ~~General.~~

- (1) ~~A licensed health care professional is a professional who possesses a license, certificate or other legal credential required by Ohio law to provide patient care in a hospital setting, who is not a licensed practitioner, and who meets the terms of definition contained in these bylaws, and may apply to be a licensed health care professional authorized to practice his or her profession in the hospital.~~

- (2) ~~Licensed health care professionals have no authority to admit or co-admit patients to the hospital, and are not eligible for medical staff membership, to hold office, to vote on medical staff affairs, or to serve on standing committees of the medical staff unless specifically authorized by the medical executive committee. A decision by the medical executive committee to deny initial appointment or reappointment to a licensed health care professional, or to deny the exercise of a clinical privilege, shall entitle the licensed health care professional to an automatic review by the medical~~

director as provided in this rule.

- (3) ~~The health care professionals staff is created for the purpose of providing a mechanism for the medical staff and the hospital to document and verify the credentials of person who, under their license, certificate or other legal credential, are permitted by Ohio law to provide patient care in the hospital as an adjunct to treatment by practitioners who are members of the medical staff.~~
 - (4) ~~All licensed health care professionals will be individually assigned to medical staff departments, or, if appropriate, to members of the medical staff.~~
 - (5) ~~All services rendered by licensed health care professionals must be under the supervision and direction of, and subject to any policies, procedures, privileges and restrictions adopted by, the applicable medical staff department or medical staff member.~~
 - (6) ~~All licensed health care professionals must comply with all limitations and restrictions imposed by their respective licenses, certifications, or legal credentials required by Ohio law.~~
- (B) ~~Descriptions and limitations of licensed health care professionals.~~
- (1) ~~Licensed health care professionals shall be permitted to practice their professions in the hospital only in accordance with the descriptions for the respective professions contained in the appendix to this rule.~~
 - (2) ~~The medical executive committee, with the approval of the board may, at anytime, make modifications, additions or deletions to the descriptions contained in the appendix without amendment to this rule.~~
 - (3) ~~Licensed health care professionals' clinical privileges shall be delineated with sufficient specificity to ensure that the professional is practicing within his/her licensure parameters.~~
- (C) ~~Qualifications for appointment.~~
- (1) ~~Appointment as a licensed health care professional is a privilege that will only be granted to professionally competent individuals who meet the qualifications, standards and requirements of their respective licensure, certification, or other legal authorization and who satisfy the definition of licensed health care professional as contained in these bylaws.~~
 - (2) ~~Only individuals who can document the following shall be qualified for appointment as a licensed health care professional:~~
 - (a) ~~Current license, certification, or other legal credential required by Ohio law;~~
 - (b) ~~Education, training, professional background and experience, and professional competence;~~
 - (c) ~~Adherence to the ethics of the profession for which an individual holds a license, certification, or other legal credential required by Ohio law;~~
 - (d) ~~Good personal and professional reputation as established by appropriate references;~~

- (e) Satisfactory physical and mental health; and
- (f) Ability to work with members of the medical staff and hospital employees.

This documentation must be presented with sufficient adequacy to assure the medical staff and the hospital that any patient cared for by the person seeking appointment as a licensed health care professional will be given quality care, and that the efficient operation of the hospital will not be disrupted by such person's care of patients in the hospital.

~~(D) Conditions of acceptance.~~

~~An individual accepting appointment as a licensed health care professional agrees to the following terms and conditions:~~

- ~~(1) The licensed health care professional has read the medical staff bylaws of the hospital and agrees to abide by all applicable terms of such medical staff bylaws and any applicable rules and regulations, including any subsequent amendments thereto, and any applicable hospital policies the hospital may from time to time put into effect;~~
- ~~(2) The licensed health care professional grants full immunity to the hospital from liability under the provisions of rule 3335-45-04 of the Administrative Code;~~
- ~~(3) The licensed health care professional shall not deceive a patient as to the identity of any practitioner providing treatment or service in the hospital;~~
- ~~(4) The licensed health care professional shall not make any statement or take any action that might cause a patient to believe that the licensed health care professional is a practitioner;~~
- ~~(5) The licensed health care professional shall not perform any patient care in the hospital that is not permitted under the licensed health care professional's license, certification, or other legal credential required under Ohio law; and~~
- ~~(6) The licensed health care professional shall continue to maintain in force malpractice insurance in an amount that will not be less than that specified by the board.~~

~~(E) Application for appointment.~~

~~Persons seeking appointment as a licensed health care professional shall make application in the same manner as provided in paragraph (A) of rule 3335-45-04 of the Administrative Code.~~

~~(F) Action on appointment.~~

- ~~(1) Upon receipt of an application for appointment as a licensed health care professional, the medical director shall review the application for completeness. An incomplete application will be returned to the applicant for completion and resubmission.~~
- ~~(2) Upon receipt of an application that has been verified for completeness, the chief of the clinical department supervising the licensed health care professional will review the application and make recommendation for the scope of privileges to be granted. The application will be forwarded to licensed health care professional credentials subcommittee appointed by the medical executive committee.~~

- (3) ~~Upon receipt of a completed application, the licensed health care professional credentials subcommittee shall proceed to:~~

 - (a) ~~Review and investigate the character, qualifications and professional competence of the applicant;~~
 - (b) ~~Verify the accuracy of the information contained in the application; and~~
 - (c) ~~Request a personal interview with the applicant if deemed appropriate.~~
- (4) ~~Following receipt of the completed application, the licensed health care professional credentials subcommittee will forward a written recommendation for privileges to the credentials committee.~~
- (5) ~~At its regularly scheduled meeting, the credentials committee will review and act on the recommendations for licensed health care professional privileges submitted by the licensed health care professional credentials committee. The recommendation of the credentials committee is forwarded to the medical executive committee.~~
- (6) ~~At the next regularly scheduled meeting, the medical executive committee will review and act on the recommendation for licensed health care professional privileges and forward a written recommendation to the board for further action.~~
- (7) ~~At the next regularly scheduled meeting the board, after the written recommendation has been forwarded to the board, will make a final decision on the application for appointment as a licensed health care professional. The medical director shall notify the applicant of the decision of the board of trustees. There shall be no right of appeal of an adverse decision.~~
- (G) ~~Temporary appointment.~~

 - (1) ~~The medical director, with the concurrence of the chief of staff, or his or her delegate and the chief of the clinical department concerned, may temporarily appoint a person as a licensed health care professional under the following circumstances:~~

 - (a) ~~When the medical director believes circumstances warrant granting temporary appointment during the processing of a person's application for appointment as a licensed health care professional; or~~
 - (b) ~~To a person who has not applied for appointment as a licensed health care professional, but has been requested to assist a member of the medical staff in the care of a specific patient.~~
 - (2) ~~Special requirements of supervision and reporting will be imposed by the medical director, the chief of staff, or any chief of any clinical department concerned with a person granted temporary appointment as a licensed health care professional.~~

(H) Reappraisal and reappointment.

(1) ~~Persons seeking reappointment as a licensed health care professional shall make applications and be subject to the same procedures as provided in rule 3335-45-14 of the Administrative Code.~~

(2) ~~Due process.~~

(a) ~~Licensed health care professionals are subject to corrective action for violation of these bylaws, their certificate of authority, standard care agreement, utilization plan, or the provisions of their licensure, including professional ethics. Corrective action may be requested by any member of the medical staff, a chief of the clinical department, or by the medical director. All requests shall be in writing and be submitted to the medical director. The medical director shall appoint a three-person committee to review and make recommendations concerning appropriate corrective action. The committee shall consist of at least one licensed health care professional and one medical staff member. The committee shall make a written recommendation to the medical director, who may accept, reject, or modify the recommendation. The decision of the medical director shall be final.~~

(b) ~~A decision by the medical executive committee to deny initial appointment or reappointment to a licensed health care professional, or to deny the exercise of a clinical privilege, shall entitle the licensed health care professional to an automatic review by the medical director as provided in this rule. (B/T 5/7/99, B/T 10/5/2000)~~

3335-45-15 Medical administrative personnel.

(A) Medical staff membership.

(1) Unchanged.

(2) Any practitioner performing administrative responsibilities who also has clinical responsibilities or functions must, at all times, be a member of the medical staff. Applications to become a member of the medical staff, and any subsequent reappointment, shall be governed by the provisions of rule ~~3335-45-04~~ 3335-45-05 of the Administrative Code.

(B) Termination and change in status.

A practitioner who has both administrative and clinical responsibilities may have such administrative and clinical responsibilities terminated or modified in the following manner:

(1) If the termination or change in status relates to the practitioner's membership on the medical staff, the termination or change in status shall be governed by the provisions of these rules; and

(2) If the termination or change in status relates to the practitioner's administrative responsibilities, the termination or change in status shall be governed by the hospital policy, if any, governing the termination or change in status of administrative personnel and the practitioner ~~will~~ shall have access to the hospital's grievance procedure, if any. (B/T 5/7/99, B/T 11/7/2003)

3335-45-16 Immunity from liability.

Unchanged.

3335-45-17 ~~Rules and regulations.~~

(A) ~~General.~~

- (1) ~~The medical staff shall adopt such rules and regulations as may be necessary for the proper conduct of its affairs.~~
- (2) ~~Any rules and regulations adopted by the medical staff must be in conformity with the provisions of these rules.~~

(B) ~~Procedure for adoption.~~

- (1) ~~Medical staff rules and regulations, and any amendment thereto, shall be adopted by an affirmative vote of a majority of the active medical staff present at a meeting in which a quorum is present and where notice of such proposed rules and regulations, or any amendment thereto, has been given in accordance with rule 3335-45-03 of the Administrative Code.~~
- (2) ~~The adoption of medical staff rules and regulations, and any amendment thereto, are subject to, and effective upon, the approval of the board.~~
- (3) ~~Members of the medical staff will be notified in writing of any changes in the medical staff bylaws and rules and regulations. (B/T 5/7/99)~~

3335-45-18 3335-45-17 Procedure for amendment.

- (A) ~~These rules may be amended, in whole or part, by an affirmative vote of two-thirds of the active medical staff present at a meeting in which a quorum is present and where notice of such proposed amendment has been given in accordance with rule 3335-45-08 of the Administrative Code~~ The bylaws committee shall review the bylaws and rules and regulations as need arises but not less than every two years. This committee shall recommend changes to the medical executive committee.
- (B) ~~Any amendment so adopted shall be subject to, and effective upon, the approval of the board and the approval of the Ohio state university hospitals board and the board of trustees of the Ohio state university. Neither the medical staff nor the board may unilaterally amend the medical staff bylaws except as provided in paragraph (C) of this rule~~ These bylaws may be amended after notice is given at a meeting of the medical executive committee, and shall require two-thirds vote of the members of the medical executive committee present for approval and submission to the medical staff for ratification.
- (C) ~~The board may amend these rules on its own initiative if immediate action is necessary in order to comply with any federal, state and local law or regulation or to avoid potential liability and the medical staff has failed to respond timely as determined by the board, to the board's request for such an amendment. Any amendment to these rules adopted by the board shall become effective when notice is given to the medical staff~~ Ratification of an amendment shall be by a plurality of those medical staff members voting through written ballot at a quarterly meeting of the general medical staff. When an amendment is approved by the medical executive committee and ratified by the medical staff it shall be forwarded in successive order to the Ohio state university hospitals board which shall accept or reject the requested amendment.

- (D) The amendment shall become effective when accepted by the board in the form ratified by the medical staff.
- (E) Significant changes to these bylaws shall be reported in writing to the medical staff and other individuals who have clinical privileges.
- (F) Neither the medical staff, nor the Ohio state university hospitals board may unilaterally amend these medical staff bylaws. (B/T 5/7/99, B/T 11/7/2003)

3335-45-18 Procedure for adoption.

- (A) These bylaws shall be adopted by the medical executive committee and forwarded for approval in the same fashion as provided in rule 3335-45-17 of the Administrative Code.
- (B) Upon adoption of these bylaws by the Ohio state university hospitals board, these bylaws shall replace any previous bylaws, and rules and regulations of the medical staff of the Ohio state university hospitals east. (B/T 11/7/2003)

**Waivers of Competitive Bidding Requirements
July-September 2003**

<u>Category</u>	<u>Total</u>	<u>Sole Source</u>	<u>Emergency</u>	<u>Sufficient Economic Reason</u>				
Hospitals - Professional Health Care Services	\$9,038,001	8	\$980,000	2	\$0	0	\$8,058,001	6
Hospitals - Equipment and Services	\$5,099,524	23	\$4,919,594	20	\$0	0	\$179,930	3
Instructional and Research Equipment and Services	\$2,538,339	30	\$1,227,957	10	\$0	0	\$1,310,382	20
Administrative Support Equipment and Services	\$5,740,470	42	\$3,646,037	22	\$318,370	4	\$1,776,063	16
Conference Facilities	\$123,531	3	\$51,952	1	\$0	0	\$71,579	2
TOTAL	\$22,539,865	106	\$10,825,540	55	\$318,370	4	\$11,395,955	47

(APPENDIX XIX)

November 3, 2003

AUTHORIZATION FOR CAPITAL PROJECTS

Project	Approximate Amount (In Millions)	Requested Action
Medical Center Signage and Wayfinding	Dept: \$0.36	Enter into design contracts
Woody Hayes Athletic Center and Tennis Center Renovation	Dept: \$20.0-\$22.0	Enter into design contracts
	Dept: \$20.36-\$22.36	
	State: \$0.00	
Subtotal for Design Contracts	\$20.36-\$22.36	
Drinko Hall, Room 249	Dept: \$0.40	Enter into construction contracts
Lincoln and Morrill Tower Walkways	State: \$0.66	Enter into construction contracts
Medical Center Helipad on Rhodes Hall	Dept: \$4.81	Enter into construction contracts
Scott Hall-Dock Area & Concrete Walk/Wall Renovation	State: \$0.15	Enter into construction contracts
University Hospital East- Emergency Department	Dept: \$4.79	Enter into construction contracts
	Dept: \$10.00	
	State: \$0.81	
Subtotal for Construction Contract	\$10.81	
Total for all Contracts	Dept: \$30.36-\$32.36	
	State: \$0.81	
Grand Total	\$31.17-\$33.17	

MEDICAL CENTER SIGNAGE AND WAYFINDING
Conceptual and Planning Information

This document establishes general planning parameters to facilitate Board of Trustees decision making regarding the hiring of an architect/engineer for planning and design work. This information is very preliminary until design is completed and the project is brought back to the Board for construction authorization. At that time, a more detailed cost estimate and schedule will be provided.

Sponsoring/Requesting Units(s):

The Ohio State University Medical Center

How does this project advance the Academic Plan?

This project will enhance the Medical Center portion of the Columbus Campus for students and visitors alike.

Nature of the Project (e.g. number of buildings, new construction or renovation, estimated GSF, etc.; use of space; release or reuse of any current space):

With the many recent changes in the area of the University Medical Center, a comprehensive study and probable overhaul of all of the directional and wayfinding signage in the area is necessary. New signage incorporating all of these changes will be installed to direct visitors, students and staff to the various hospitals, clinics and parking facilities in the area. It is imperative that this signage is in place when the Hospitals Garage and Ross Heart Hospital open.

Preliminary Cost Estimate:

Construction is estimated to be \$260,000 – \$290,000. Total project budget is estimated to be \$360,000 maximum.

Proposed Funding Source:

*Ross Heart Hospital bid favorability (bond proceeds) - \$25,000
OSU Medical Center – remainder.*

Outstanding Funding Issues:

The associate architect's fees will need to be funded by college funds until other sources of funding are determined.

Timing Issues:

*Bidding – November – December 2003
Construction Completion – September 2004*

“Ripple effects” of the project:

None

Special limitations/risks:

None.

Note: These preliminary estimates are subject to change prior to submission of this project to the Board for construction authorization.



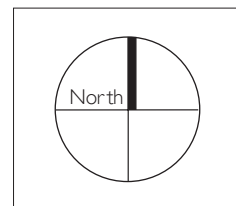
Requesting Agency(s): UNIVERSITY HOSPITALS
Location(s): ROSS HEART HOSPITAL, RICHARD M
Gross Sq. Ft.0 Age:
Description: To provide vehicular signage and wayfinding for the medical center complex

Project Team:		Project Information:
Facility Planner:	Is Unassigned	
Project Captain:	Lori Seeger (seeger.7@osu.edu)	
Project Assistant:	Patricia Berger (berger.58@osu.edu)	
Field Coordinator:	Is Unassigned	

Source of Funds:	Original	Revised	Uses of Funds:	As Designed	As Bid	Completion
Auxiliaries-University	\$335,000.00	\$335,000.00	Total:			
Hospitals						
Future Univ. Bond	\$25,000.00	\$25,000.00				
Proceeds						
Total:	\$360,000.00	\$360,000.00				

Schedule:	Projected	Revised	Actual
Planning			
Arch/Engr Approved by B/T (\$360,000 project)	11/03/2003		

Medical Center Signage and Wayfinding



Office of Business and Finance
Office of Facilities Planning and Development

October 17, 2003

WOODY HAYES ATHLETIC CENTER AND TENNIS CENTER RENOVATION
Conceptual and Planning Information

This document establishes general planning parameters to facilitate Board of Trustees decision-making regarding the hiring of an architect/engineer for planning and design work. This information is very preliminary until design is completed and the project is brought back to the Board for construction authorization. At that time, a more detailed cost estimate and schedule will be provided.

Sponsoring/Requesting Units(s):
Department of Athletics

How does this project advance the Academic Plan?
This project improves the overall athletics facilities, which leads to better programs and athletic opportunities for students.

Nature of the Project (e.g. number of buildings, new construction or renovation, estimated GSF, etc.; use of space; release or reuse of any current space):
The project will include renovations to the Woody Hayes Athletic Center including the addition of office spaces, expansion of the existing weight room and the addition of a large therapy pool for use by all student athletes. The Varsity Tennis Courts portion of the project will include the construction of a new tennis facility with at least six indoor courts and eight exterior courts.

Preliminary Cost Estimate:
\$20,000,000 to \$22,000,000
Athletic Center portion is estimated to be \$13,600,000 - \$15,000,000.
Tennis Center portion is estimated to be \$6,400,000 - \$7,000,000

Proposed Funding Source:
Athletic Department development funds; possible support by bond proceeds or line of credit

Outstanding Funding Issues:
Business plan is under review; review and decision will be needed regarding bonding or line of credit

Timing Issues:
These two project portions are being designed together, as a probable phased project, due to their close proximity and their large size. Improper placement of the additions/new structure could result in problems for this area of campus that would be difficult to solve.

“Ripple effects” of the project:
None

Special limitations/risks:
None

Note: These preliminary estimates are subject to change prior to submission of this project to the Board for construction authorization.



Woody Hayes Athletic Center and Tennis Center Renovation

315-2003-989

Requesting Agency(s): ATHLETICS

Location(s): WOODY HAYES ATHLETIC CENTER

Gross Sq. Ft. 170,270 Age: 1987

Description: Renovate the Woody Hayes Athletic Center, add office space, expand weight room and add therapy pool.
Construct 6 indoor and 8 outdoor tennis courts.

Project Team:

Facility Planner: Alex Cofield
(cofield.3@osu.edu)
Project Captain: Thomas Heretta
(heretta.1@osu.edu)
Project Assistant: Curt Handschug
(handschug.1@osu.edu)
Field Coordinator: Is Unassigned

Project Information:

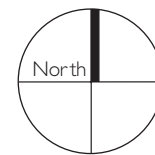
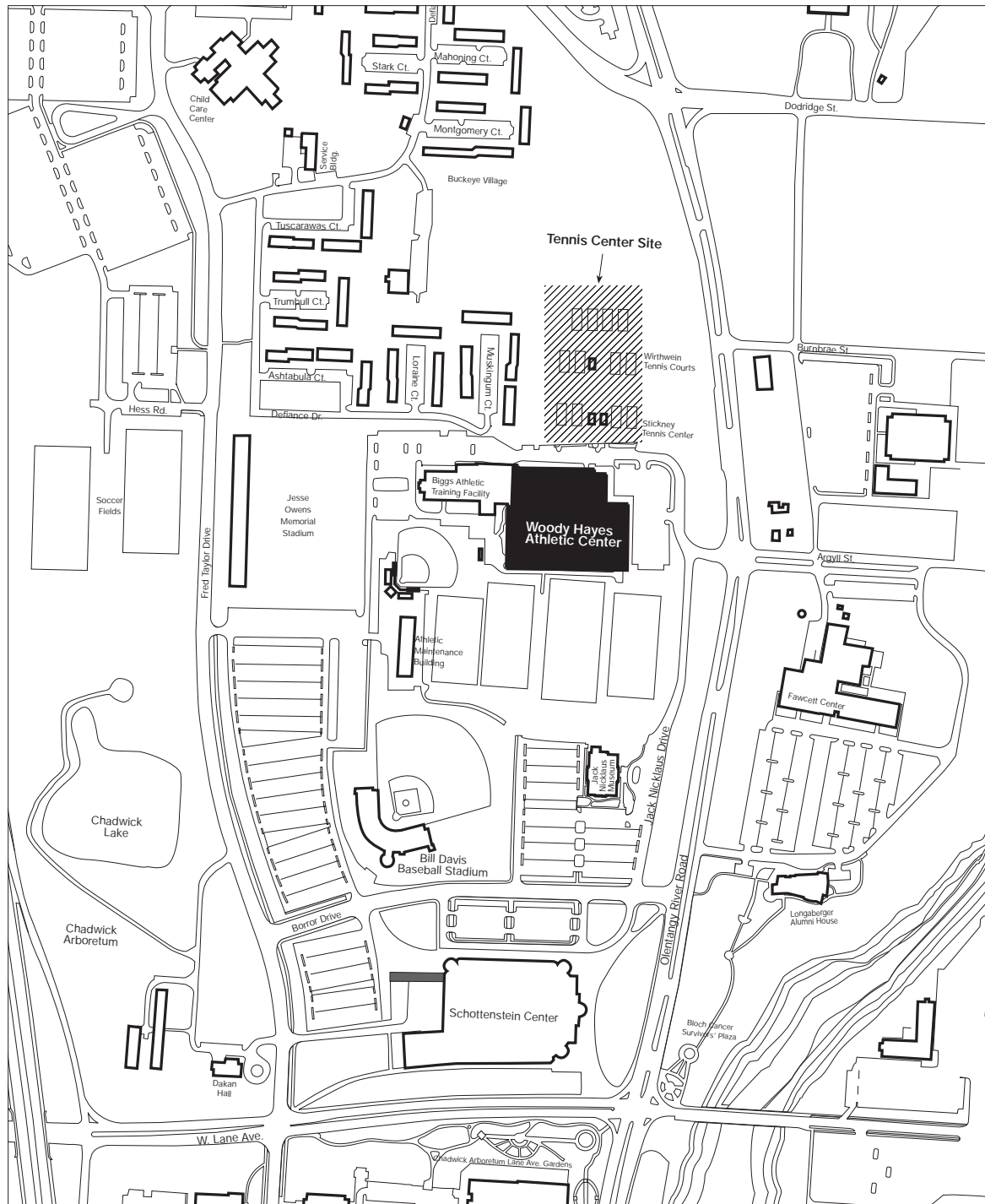
Preliminary project estimate is \$20,000,000 - \$22,000,000.

This project was originally set up to develop a mini-master plan for the Woody Hayes Athletic Center facility. Now complete, this project is moving into the next phase of implementation.

Source of Funds:	Original	Revised	Uses of Funds:	As Designed	As Bid	Completion
Auxiliaries-Athletics	\$20,482.80	\$0.00				
Development-Athletics	\$22,000,000.00	\$22,000,000.00	Total:			
Total:	\$22,020,482.80	\$22,000,000.00				

Schedule:	Projected	Revised	Actual
Planning			
Arch/Engr Approved by B/T (\$20-\$22 million project)	11/03/2003		

Woody Hayes Athletic Center and Tennis Center Renovation



Office of Business and Finance
Office of Facilities Planning and Development

October 17, 2003



Requesting Agency(s): LAW, MICHAEL E MORITZ COLLEGE OF

Location(s): DRINKO HALL, JOHN DEAVER (LAW BLDG)

Gross Sq. Ft.220,112 Age: 1956

Description: Renovation and modernization of the Moritz College of Law Courtroom. The primary focus of this project will be the creation of a courtroom which can easily accommodate contemporary modes of trial practice instruction, actual trials, and state-of-the art instructional and courtroom technology. The project will include replacing the ceiling and all lighting and installing state-of-the art microphones/voice reinforcement system, digital evidence presentation system, courtroom computer display system, projector, plasma screen system and video recording system. The project may also include redesigned seating and other infrastructure issues such as power requirement, conduit and floor boxes.

Project Team:

Facility Planner: Is Unassigned

Project Captain: Ruth Miller
(miller.2495@osu.edu)

Project Assistant: Faye Bodyke
(bodyke.3@osu.edu)

Field Coordinator: Is Unassigned

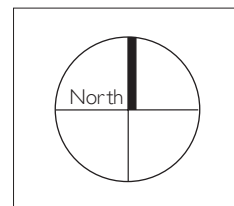
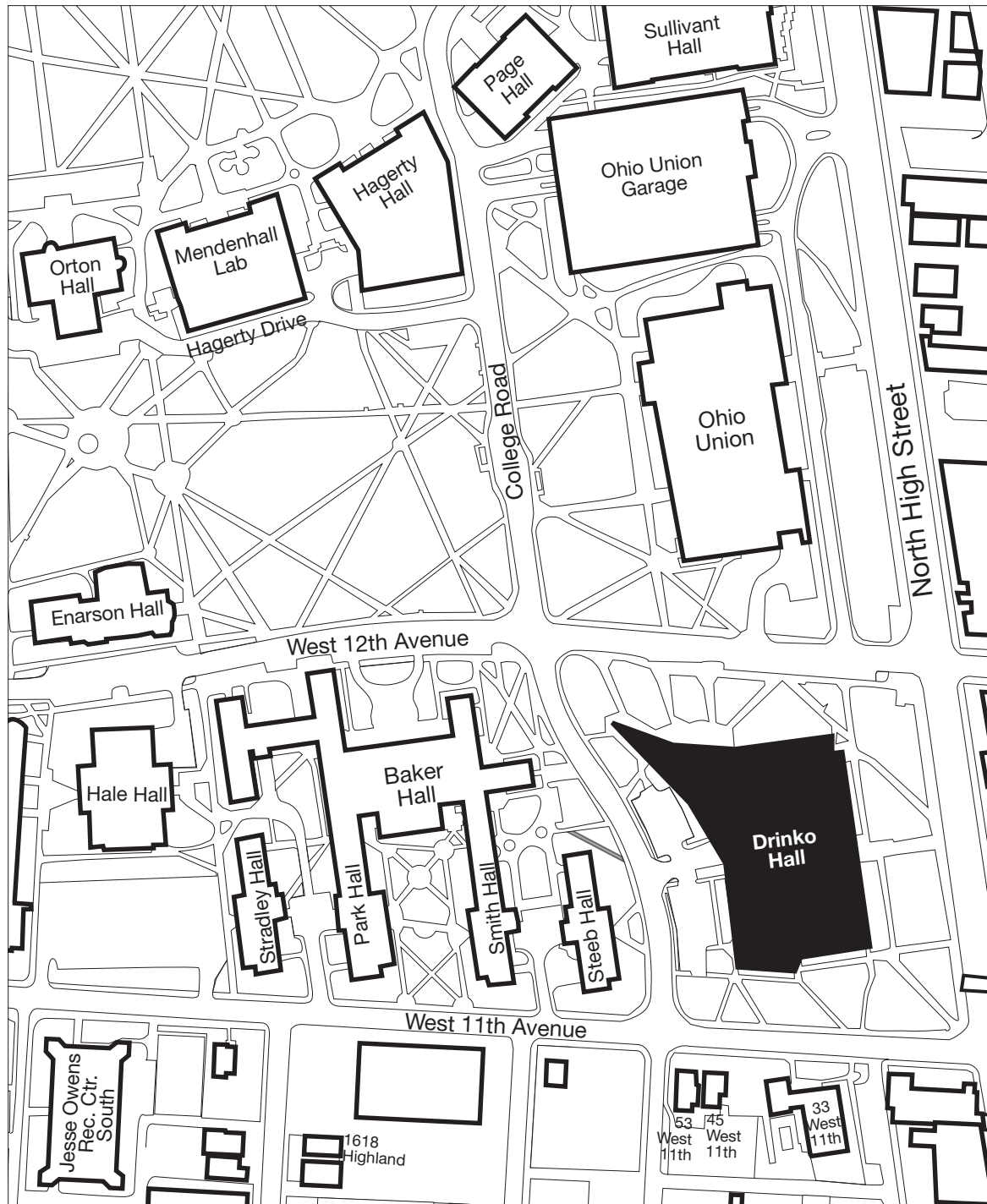
Project Information:

Formerly known as 50700-R021679

Source of Funds:	Original	Revised	Uses of Funds:	As Designed	As Bid	Completion
General Funds-Law	\$300,000.00	\$397,000.00				
Total:	\$300,000.00	\$397,000.00	Total:			

Schedule:	Projected	Revised	Actual
Planning			
Arch/Engr Approved by B/T (\$300,000 Project)	09/13/2002		09/06/2002
Bidding Approved B/T (\$397,000 project)	11/03/2003		
Design			
Schematic Design Approval	03/01/2003	05/25/2003	05/25/2003
Design Dev Document Approval	03/01/2003	09/06/2003	08/28/2003
Construction Document Approval	05/30/2003	12/12/2003	
Bidding			
Bid Opening	07/01/2003	01/13/2004	
Construction			
Construction Start	09/01/2003	05/10/2004	
Completion	01/31/2004	10/08/2004	

Drinko Hall - Room 249



Office of Business and Finance
Office of Facilities Planning and Development

August 17, 2002



Requesting Agency(s): PHYSICAL FACILITIES

Location(s): Unidentified Bridge-Col.

Gross Sq. Ft.0 Age:

Description: Replace the eastern elevated walkways off Lincoln and Morrill Towers.

Project Team:

Facility Planner: Is Unassigned

Project Captain: Bo Zhang
(zhang.403@osu.edu)

Project Assistant: Lisa Baldwin
(baldwin.10@osu.edu)

Field Coordinator: Colin McBride
(mcbride.62@osu.edu)

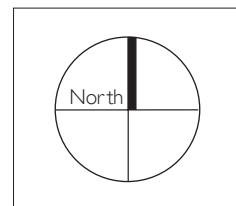
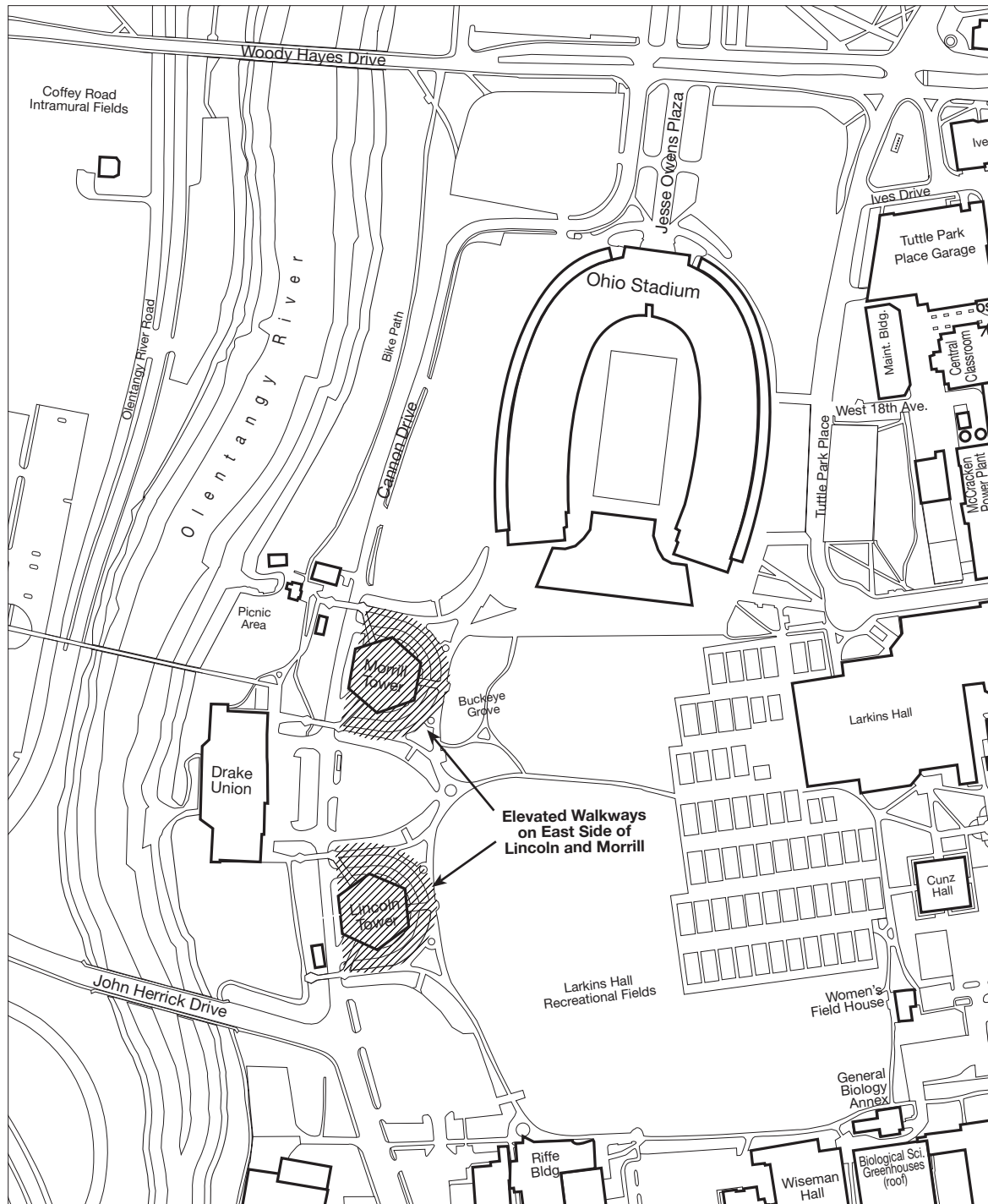
Project Information:

Project will lower the tower entrance by 1/2 level, making
ADA accessibility easier.

Source of Funds:	Original	Revised	Uses of Funds:	As Designed	As Bid	Completion
Future Capital	\$540,000.00	\$0.00	Total:			
Appropriations						
HB748 Columbus ADA	\$60,000.00	\$60,000.00				
Modifications						
HB675 Columbus Basic	\$0.00	\$600,000.00				
Renovation						
Total:	\$600,000.00	\$660,000.00				

Schedule:	Projected	Revised	Actual
Planning			
Arch/Engr Approved by B/T (\$600,000 Project)	10/04/2002		10/04/2002
Bidding Approved B/T	08/01/2003	11/03/2003	
Design			
Schematic Design Approval	04/15/2003		05/02/2003
Arch/Engr Contract	12/16/2002	03/28/2003	08/01/2003
Construction Document Approval	08/01/2003	09/19/2003	
Design Dev Document Approval	06/01/2003	12/31/2003	
Bidding			
Bid Opening	09/15/2003	11/04/2003	
Construction			
Construction Start	03/12/2004	04/30/2004	
Completion	06/15/2004	08/04/2004	

Lincoln and Morrill Tower Walkways



Office of Business and Finance
Office of Facilities Planning and Development

September 24, 2002



Requesting Agency(s): HEALTH SCIENCES ADMINISTRATION

Location(s): RHODES HALL-UNIVERSITY HOSPITAL

Gross Sq. Ft.510,587 Age: 1979

Description: Construct a 60' x 60' helipad on the southwest corner of Rhodes Hall Tower. Extend the two elevators from the Emergency department up to serve the helipad. Related renovations/relocations to accomodate construction.

Project Team:

Facility Planner: Is Unassigned

Project Captain: Pat Cuthbert
(cuthbert.8@osu.edu)

Project Assistant: Patricia Berger
(berger.58@osu.edu)

Field Coordinator: Is Unassigned

Project Information:

Contract for work will be integrated with Heart Hospital.

Project cost increased in 10/03 to replace 2 failing chillers on the east side of the Rhodes Hall tower.

Source of Funds:	Original	Revised	Uses of Funds:	As Designed	As Bid	Completion
Auxiliaries-University	\$2,927,838.00	\$4,813,835.00	Total:			
Hospitals						
Total:	\$2,927,838.00	\$4,813,835.00				

Schedule:	Projected	Revised	Actual
Planning			
Arch/Engr Approved by B/T (\$2,927,838 Project)	07/12/2002		07/12/2002
Constr Mgr Approved by B/T (\$2,927,838 Project)	07/12/2002		07/12/2002
Bidding Approved B/T (\$2,927,838 Project)	07/12/2002		07/12/2002
Bidding Approved B/T (\$4,813,835 project)	11/03/2003		
Design			
Schematic Design Approval	05/15/2002	01/02/2002	01/02/2002
Arch/Engr Contract	07/15/2002	01/31/2003	02/10/2003
Design Dev Document Approval	05/15/2002	05/09/2003	05/01/2003
Constr Mgr Contract	04/01/2003	05/09/2003	06/27/2003
Construction Document Approval	09/15/2002	11/30/2003	

Medical Center - Helipad on Rhodes Hall



Office of Business and Finance
Office of Facilities Planning and Development

October 17, 2003



Scott Hall - Dock Area & Concrete Walk/Wall Renovation
315-2003-908

Requesting Agency(s): PHYSICAL FACILITIES

Location(s): SCOTT HALL, WILLIAM H

Gross Sq. Ft.58,109 Age: 1972

Description: The existing walkway and knee wall panels along the west side of the building are no longer weather proof. The waterproof membrane has been compromised in many locations and leaks even during mild rains are causing damage to the interior spaces under the walkway. This project would replace the waterproofing and concrete topping; replace the existing concrete knee walls with new aluminum railings; rework and relocate flashing terminations; as well as repair deteriorated foundation wall and structural slab concrete

Project Team:

Facility Planner: Is Unassigned

Project Captain: Brett Garrett

Project Assistant: Karen Cogley
(cogley.1@osu.edu)

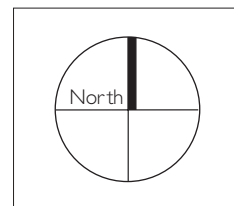
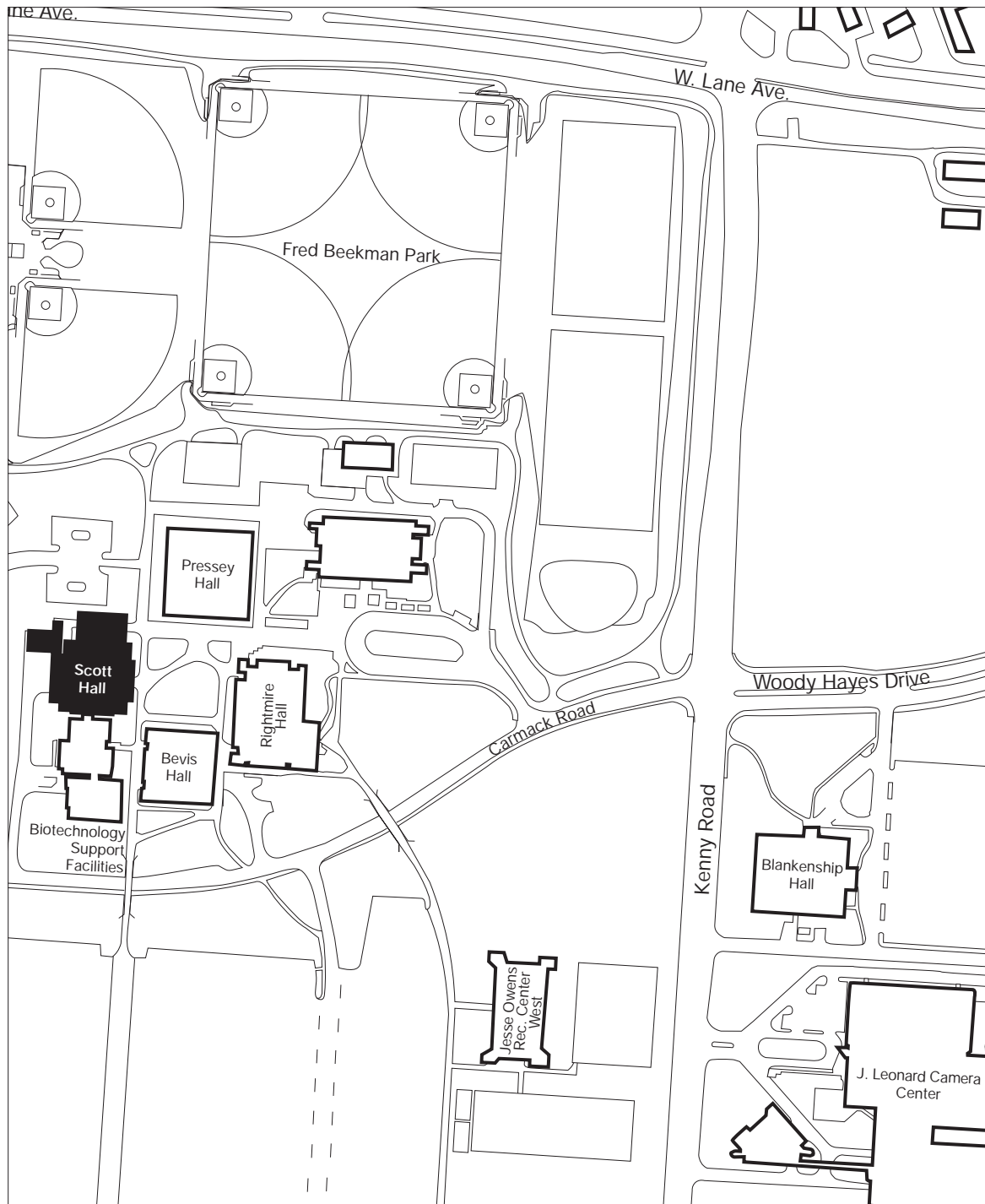
Field Coordinator: Glenn Gerhart
(gerhart.1@osu.edu)

Project Information:

Source of Funds:	Original	Revised	Uses of Funds:	As Designed	As Bid	Completion
HB675 Columbus Basic	\$150,000.00	\$150,000.00	Total:			
Renovation						
Total:	\$150,000.00	\$150,000.00				

Schedule:	Projected	Revised	Actual
Planning			
Bidding Approved B/T	08/01/2003	11/03/2003	
Design			
Schematic Design Approval	03/03/2003	04/02/2003	04/02/2003
Design Dev Document Approval	04/17/2003		04/02/2003
Construction Document Approval	06/16/2003		05/07/2003
Bidding			
Bid Opening	09/14/2003	11/10/2003	
Construction			
Construction Start	11/13/2003		
Completion	03/12/2004		

Scott Hall - Dock Area and Concrete Walk/Wall Renovation



Office of Business and Finance
Office of Facilities Planning and Development

October 17, 2003



University Hospital East - Emergency Department

315-2002-915

Requesting Agency(s): UNIVERSITY HOSPITALS

Location(s): UNIVERSITY HOSPITALS EAST

Gross Sq. Ft. 465,711 Age: 1966

Description: Renovation of approximately 15,000 gross square feet to accommodate the growing number of emergency patients. This project includes the reconfiguration and upgrading of finishes and utilities in the existing space and increasing the treatment/support areas by modifying the space immediately adjacent to the existing space.

Project Team:

Facility Planner: Is Unassigned

Project Captain: Richard Van Deusen
(van-deusen.2@osu.edu)

Project Assistant: Curt Handschug
(handschug.1@osu.edu)

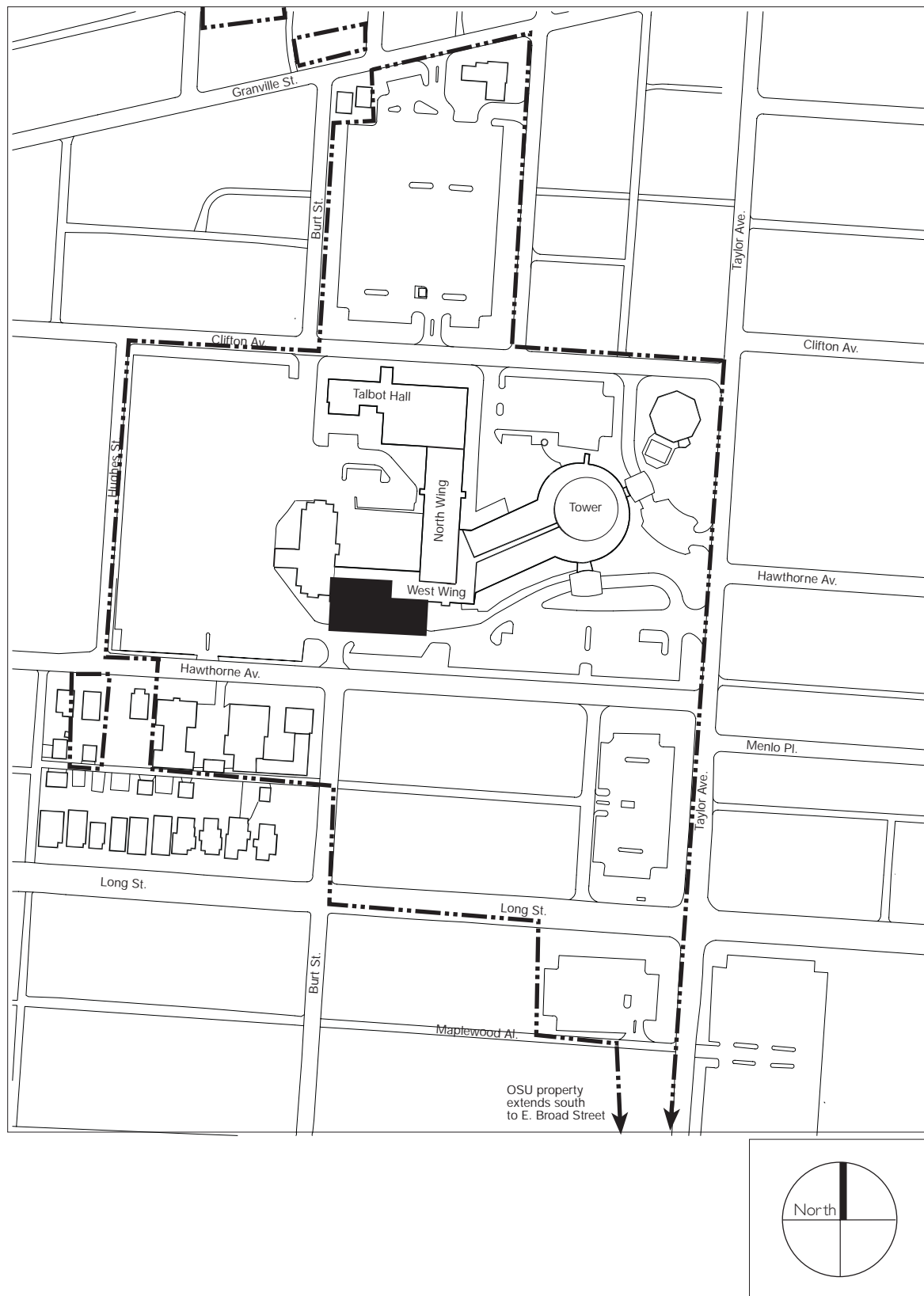
Field Coordinator: Pat Cuthbert
(cuthbert.8@osu.edu)

Project Information:

Source of Funds:	Original	Revised	Uses of Funds:	As Designed	As Bid	Completion
Auxiliaries-University Hospitals	\$4,000,000.00	\$787,564.00	Total:			
Treasurer's Debt Service	\$0.00	\$0.00				
Pool Loan						
Future Univ. Bond Proceeds	\$0.00	\$4,000,000.00				
Total:	\$4,000,000.00	\$4,787,564.00				

Schedule:	Projected	Revised	Actual
Planning			
Arch/Engr Approved by B/T (\$4,000,000 Project)	05/03/2002		05/03/2002
Bidding Approved B/T (\$4,787,564 project)	11/03/2003		
Design			
Arch/Engr Contract	09/30/2002	01/15/2003	01/03/2003
Schematic Design Approval	12/15/2002	01/30/2003	05/29/2003
Design Dev Document Approval	03/15/2003	07/10/2003	07/24/2003
Construction Document Approval	06/15/2003	11/15/2003	
Bidding			
Bid Opening	07/30/2003	12/18/2003	
Construction			
Award of Contracts	09/10/2003	03/19/2004	
Construction Start	09/15/2003	03/26/2004	
Completion	04/15/2005	03/25/2005	

University Hospitals East - Emergency Department



Office of Business and Finance
Office of Facilities Planning and Development

October 17, 2003

2003 UPDATE OF THE 1995 UNIVERSITY MASTER PLAN

Summary

August 19, 2003

Background

This update is the first of the periodic reviews called for in the 1995 University Master Plan to assure the Plan's continuing relevance, to evaluate its overall effectiveness, and to respond to changes, new issues, and need for clarification. The review was conducted by an internal University Committee (IMPACT II) with representatives of the major units involved in academic and physical planning and an External Review Team (ERT) with representatives from private planning firms and university planning administrators from universities comparable to the size and complexity of Ohio State.

Method of Review

Members of IMPACT II identified changes that had occurred since 1995 and pursued answers to the questions "in what ways is the 95 Plan working and in what ways is it not working?" IMPACT II then prepared an internal report based upon their own discussions and use of the master plan as well as the results of interviews with persons from the University and from the private sector who had direct experience with the 95 Plan. The External Review Team reviewed this report, and made a two-day visit to the campus, which included a campus tour and extensive meetings with IMPACT II and invited guests.

Conclusion and Recommendations

The External Review Team confirmed IMPACT II's conclusion that, in most respects, the policies and principles of the 95 Plan remain valid and continue to effectively guide campus development decisions. Incremental revisions prepared as time and resources permit, rather than a major update or new plan, are recommended. These proposed revisions fall into six categories: (Background and discussion statements and actions/schedules for each are included in body of this report.)

1. Academic Plan 2000:
Prepare Supplement to 95 Plan that aligns the policies and principles of the Plan with the strategies and initiatives of Academic Plan 2000; and Update UMP each time the Academic Plan is updated.
2. Regional Campuses:
Prepare a thematic district plan that establishes policies and principles that reflect the identifying characteristics of Ohio State and, at the same time, provide direction in designing regional campuses in suburban locations.
3. Acquisition Lines:
Prepare policies for establishing acquisition lines and mutual understandings with surrounding communities at all University locations.
4. Gateways:
Prepare a "thematic district plan" that establishes University policies and principles to guide location and design of gateways at all locations.
5. Design Review Board
Conduct an objective appraisal of all projects that have gone through the design review process and revise policies regarding the Design Review Board to address issues that are identified.
6. Increasing Complexity in Project Funding Sources
No action recommended. Existing policies and principles are adequately flexible to address these issues.

Participants

Members of the Interim Master Planning Advisory Committee II (IMPACTII)

Herbert B. Asher: Professor Emeritus, Political Science
Sarah M. Blouch: Director Traffic Parking and Transportation
Helen R. DeSantis: Assistant Vice President for Business Operations
Anne M. Dorrian: Director of Real Estate
Susan Fisher: Professor of Entomology and representative of University Senate
Glen Funk: Director of Facility Planning
Robert Haverkamp: Assistant Vice President for Business and Finance
Eric Kunz: Associate Vice President Health Services
Jill Morelli: Assistant Vice President, University Architect,
Alayne Parson: Senior Associate Vice-Provost
Molly Ranz-Calhoun: Associate Director Residence and Dining Halls
Laura Shinn: Senior Campus Planner,
James Stevens: Associate Vice President for Physical Facilities
Lee Walker: Director, Office of Budget
Paul Young: Professor Emeritus, Architecture, and IMPACT II Coordinator

Persons Interviewed

Frank Elmer, Lincoln Street Studio
Terry Foegler, President, Campus Partners Inc.
David O. Frantz, Professor of English, Former member of Design Review Board, Secretary of Board of Trustees
Glenn Hoffsis, Dean, College of Veterinary Medicine
Robert Livesey, Director Knowlton School of Architecture and Chair, Design Review Board
John Riedl, Dean and Director, Ohio State at Mansfield
William Saam, Chair, Department of Physics
Ora Smith, President, Science and Technology Campus (Scitech)
William R. (Randy) Smith, Professor of Geography and Vice Provost
University Space and Facilities Committee
University Council on Physical Environment

Members of External Review Team

Perry Chapman, Sasaki Associates, Watertown, MA
Denise Scott Brown, Venturi Scott Brown Associates, Philadelphia, PA
Michael Dennis, Michael Dennis Associates, Boston, MA
Steven Gift, Hansbury Evans Associates,
Larry Helman, NBBJ, Columbus, OH
Keith Myers, MSiDesign, Columbus, OH
William R. (Randy) Smith, Vice Provost: Office of Academic Affairs, facilitator

University Personnel invited to participate in the External Review Team Sessions

Susan Erskine, Assistant Vice President for Research
David O. Frantz, Professor of English, Former member of Design Review Board, Secretary of Board of Trustees
Martha Garland, Professor of History and Associate Provost
Richard W. Hall, Associate Dean of the College of Biological Sciences
Stephen McClary, Planning Administrator for City of Columbus
John Reidl, Dean, Mansfield Campus
William R. (Randy) Smith, Vice Provost: Office of Academic Affairs, Regional Campuses
Brian White, Superintendent Facility Maintenance & Secretary, Mansfield Campus

**TRANSFER OF REMAINDER INTEREST IN REAL PROPERTY
6400 SUNBURY ROAD, BLENDON TOWNSHIP, FRANKLIN COUNTY, OHIO**

Background

In November 1999, the Davis Foundation made a gift to The Ohio State University of the improved real property at 6400 Sunbury Road, Blendon Township, Franklin County. The property consists of a 7,700 square foot residence located on approximately 23 acres. The gift of the property was subject to a life estate.

The property is in excellent condition. However, the University is responsible for maintaining the property for the lifetime of the life resident, a period currently expected to be 41 years.

Proposed Disposition

The life resident is interested in selling his life interest in the property and moving to a new home. That sale would be through a bargain sale to The Ohio State University Foundation. The University is interested in extinguishing its obligation of maintaining this property for the next 41 years. Our objective is to consolidate the life interest and remainder interest in the Foundation to facilitate disposition of the property. To accomplish this, the University proposes transferring the remainder interest to The Ohio State University Foundation. After acquiring both the remainder interest and the life interest, the Foundation would sell the property.

TRANSFER OF REAL PROPERTY TO THE
OHIO STATE UNIVERSITY FOUNDATION
6400 SUNBURY ROAD
FRANKLIN COUNTY, OHIO



No True Scale

Office of Business and Finance
November 7, 2003



Map Provided by University Engineer's Office